



County of San Bernardino

5th Biennial Report Children's Network Group Home Assessment

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Section 1. Executive Summary

Purpose

The Policy Council of the San Bernardino County's Children's Network directs this assessment of the county's use of group homes for its placement needs and the array of services offered by in-county group home providers. This 5th biennial report shows both changes in the county's placing patterns and an overall stability in the number of available in-county beds. Using data from administrative databases, provider surveys, focus groups with key informants, and serious incident reports, this report analyzes:

- Where the county's group home population is placed in relationship to the in-county group home beds,
- How group home providers expect the county's placing departments to work with them, and
- What services the county's placing departments need from group home providers

Key Findings

1. Data:

- Number of Beds: There are 104 group home facilities in San Bernardino County operated by 42 providers with a total of 1,091 beds.
- In-County Placements: Point in time data shows slightly more than half of the county's group home children are placed in-county (360 out of 673).
 - ◊ However, many of the out of county group home placements were in neighboring Riverside County, retaining close proximity. Over 85% of the placements made by Department of Children's Services (DCS) and Probation were within the Inland Empire.
- Receiving County: Two-thirds of the 1,091 group home beds are filled by other counties' group home children. For example, the Boys Republic with 148 Probation level beds has a placing contract with Los Angeles County.
- Overall Reduction in Group Home Placements: Due to policy and practice changes implemented to reduce both the numbers of group home placements and the duration (a 6 month limit for Probation placements), the county's overall group home population is declining. e.g. The DCS population went from 440 in January 2005 to 357 in August 2006, a 19% reduction in the use of group homes.
- Least Restricted Placement: San Bernardino County has over 5,000 child welfare supervised placements in foster care at any given point of time. The county ranks in the second quartile amongst the 10 largest California counties in terms of the percent of group home placements to the entire foster care population. In other words, six out of the ten largest placing counties have a higher percent of group home placements than San Bernardino County.

2. Focus Groups:

- Unmet Placement Needs: A series of focus groups with the three departments' placing workers indicates that while the number of available in-county beds is adequate, the types of available beds do not match the county's placement needs, especially for specific therapeutic treatment programs. Repeatedly, the focus groups cited difficulty locating group home beds for these populations:
 - ◊ Pregnant and parenting teens

- ◇ Children with mental health and substance abuse issues
 - ◇ Gay and lesbian youth
 - ◇ Fire setters
 - ◇ Sex offenders
 - ◇ Adolescent females
 - ◇ Gang related behavioral issues
 - ◇ Rate Classification Level (RCL) 14 placements
 - ◇ Children with dual diagnosis
- Role of Group Homes: Placing workers expressed in the focus groups both the special role that group homes play in caring for children needing residential care and a concern that some group homes do not develop the structured services to provide effective treatment to children with special needs. Workers have strong concerns about children remaining in group homes for an extended period of time without getting the appropriate treatment.
 - Options to Group Home Placements: Placing workers in the focus groups were emphatic they needed more family and community-based options, including expanding the existing Family-to-Family and Wraparound services, to both prevent new group home placements and limit their duration.

3. Provider Surveys:

- Both San Bernardino and Riverside group home providers were surveyed, reflecting the fact that the Inland Empire forms one catchment area for inter-county placements.
- Limited Beds for Certain Children: Providers in both counties reported limited beds to care for children who were:
 - ◇ Dual diagnosis (Mental Illness & Developmental Delay)
 - ◇ Diabetic
 - ◇ Frequently hospitalized/medically fragile
 - ◇ Non-ambulatory
 - ◇ Pregnant or parenting
 - ◇ Seriously emotionally disturbed under age six
- Both reported limited use of TBS(Therapeutic Behavior Services) or intensive day treatment
- The top three groups of children providers would refuse to accept were:
 - ◇ Fire setters
 - ◇ Sexual predators and
 - ◇ Medically fragile children
- Provider Expectations of Placing Departments: As reported in the surveys, providers expressed these concerns:
 - ◇ Needing improved communication and accessibility with the placing workers.
 - ◇ Needing improvements in the quality, quantity and timeliness of the information about the child at placement.
 - ◇ Some children are placed in homes that are not suitable for their needs
 - ◇ The placing departments should provide constructive feedback to providers so providers can have the opportunity to improve services, rather than just have new placements stop being made.
 - ◇ Providers would like on-going training opportunities from the county on:

- ◆ Legislative changes
- ◆ Wraparound
- ◆ Family-to-Family
- ◆ Mental health treatment
- ◆ Medical treatment
- Frequently, providers described the county placing workers as “responsive”, “committed”, “professional” and “supportive”.

4. County Oversight:

- The county continues to monitor and assess quality of care in its group home placements through a variety of mechanisms. Two recent oversight tools are:
 - ◇ Tracking the Rate of Substantiated Abuse in Out-of-home Care: All California counties are required to track the number and type of substantiated complaints of abuse of foster children by placement type. Baseline data shows for calendar year 2005, of 735 DCS children who were in group home placement for any part of the year, abuse or neglect was substantiated on 12 children, or 1.6%
 - ◇ Tracking of Serious Incident Reports: The county is exercising its authority under AB2149, county sponsored legislation passed effective in 2005, to receive and review from the San Bernardino County group home providers all serious incident reports (SIRs) involving law enforcement or paramedics for all group home children, regardless of placing county. Data is analyzed per group home, per city, per supervising county, and incident type. 60% percent of all the SIRs are based on runaway/AWOL incidents. Findings from the SIR data are used by the placing departments to address concerns with the providers and with the state regulatory agency, Community Care Licensing

5. Fiscal Impact:

Group home providers are part of the local economy, both as businesses and employers. Based on the 1,091 beds and the RCLs associated with the beds, the total monthly payments made to county group home providers is estimated at over \$5 million per month or \$61 million per year.

Recommendations

1. San Bernardino County does not need additional generic group home beds in the county.
2. Qualified, experienced group home providers who can deliver outcome based treatment programs to targeted populations of special needs children, as defined in the findings above, are needed.
3. Additional beds for the seriously emotionally disturbed children, both RCL 14 and community treatment facility beds, are a critical need.
4. Group homes should function as a part of a countywide system of care, with residential treatment serving specific populations within a continuum of care.
5. As part of that continuum, skilled providers are needed to provide short term assessment and crisis stabilization services to enable foster children to successfully reconnect with their homes, family members, schools and communities.

6. Residential care should be time limited and focused on intensive treatment milieus that are integrated with programs such as Wraparound and Family-to-Family to enable foster children to succeed in the least restricted environment.
7. Group home providers must design effective strategies to prevent AWOL/runaway episodes and engage youth in their treatment programs.
8. The County needs to prepare for implementation of the Katie A v. Bontá lawsuit settlement agreement, which will require capacity building among skilled out-of-home placement providers to provide an array of community and family based mental health service, including Wraparound and Therapeutic Foster Care. Group home providers need to redesign their treatment programs to be part of an integrated mental health system of care for foster children.
9. The county should support statutory and regulatory changes to the group home rate and program structure as recommended by the statewide Residentially-Based Services Reform Workgroup, comprised of group home providers and concerned stakeholders, who are charged with re-defining group homes to transition to a family-focused, child-centered, community based and outcome driven system of care.

Section 2: Introduction

Purpose of This Assessment

The Children's Network Group Home Assessment has been conducted periodically since 2000. This assessment is the 5th biennial¹ consecutive report. This assessment is intended to identify gaps in services between group home providers, San Bernardino County placing departments, and San Bernardino County placements of children and youths. This assessment focuses on identifying three different needs:

First, this assessment focus on identifying the discrepancies between the availability of in-county group home beds and the number of San Bernardino children who need group home placements: specifically, whether in-county beds are available for children with appropriate treatment programs, in appropriate locations, and with appropriate Rate Classification Levels (RCLs).

Second, this assessment describes what services San Bernardino County placing departments expect group homes to provide to children and how group home providers expect San Bernardino County placing departments to work with them.

Finally, this assessment also discusses whether group home providers meet the service needs of San Bernardino County foster children: specifically, whether children in group homes receive appropriate treatment.

In addition to needs, the impact of new elements in group home placements are assessed: Specifically, how Wraparound services and the arrival of the Lodgemaker group home have influenced the placement needs of San Bernardino County group home children.

Definition of Terms

Group Home: Group homes are nonprofit, state licensed, residential care facilities that provide 24-hour non-medical care² and supervision to children in a structured environment. Group home providers manage group home facilities. One group home provider may manage more than one group home facility. The number of beds in a group home facility varies from 6 to over 100.

Residents of Group Homes: Group homes serve three different populations of children. First, there are foster care children supervised by Child Welfare Services. Foster children are removed from their home due to abuse, neglect, or incapability of parents and placed in group homes if they need more intensive treatment services than those provided by lower levels of care. In addition, there are delinquent youths supervised by the juvenile probation department. They are lower risk juvenile offenders who can benefit from treatment, receive probation, and are placed in group homes as a low-end sentencing option or an alternative to juvenile detention facilities. Finally, group homes provide services to seriously emotionally disturbed children supervised by county mental health services who require residential placements with their Individual Educational Plan.

¹ The Group Home Assessment has been conducted annually in 2000, 2001, 2002, and as of 2004 on a biennial basis.

² Group home programs are designed for children who generally do not need medical care beyond routine health checks and medication monitoring

In addition to different populations and intensities of care described above, group homes may specialize in children with certain demographics. For example, some group homes only serve children in a certain age group or of a certain gender. Some group homes may not accept gang members. Some group homes provide specialized treatment (e.g. eating disorders treatment, behavior modification, and emancipation). Group home facilities are not usually interchangeable because of their specialization.

Placing Departments: Three different departments place children in group home facilities. Department of Children's Services (DCS)

This placing department serves children who have been removed from their home due to abuse, neglect, or incapability of parents. The legal custody of the children belongs to the County.

Department of Behavioral Health (DBH)

This placing department serves children whose mental health issues, such as a Serious Emotional Disorder, require residential placement under their plan. Parents typically retain the legal custody of the children.

Department of Probation (Probation)

This placing department places lower risk juvenile offenders in group homes. Children are under the custody of the probation department.

Central Placement Unit (CPU): CPU is a part of DCS. CPU is responsible for finding available out-of-home care facilities by responding to social worker's requests and the needs of the child.

Group Home Licensure & Rate Classification Level: The California Department of Social Services licenses group home providers, and providers may operate one or more group home facilities.

All licensed group home facilities are classified by Rate Classification Levels (RCLs), which range from 1 to 14. The RCLs are based on a point system that reflects the level of intensity of care and supervision provided by the group homes and the levels of staff qualification. Points are based on the number of hours of services per child in the following three components.

- ❖ Hours of Child Care and Supervision by Qualified Staff (Quality of staff reflects 1. Experience in Residential Care 2. Formal Education 3. Training)
- ❖ Social Work Activities
- ❖ Mental Health Treatment Services.

Children who need higher intensive care stay at group homes in higher RCLs.

Payments to group homes are based on the RCL level of the group homes. A higher RCL number corresponds to a higher payment for services.

Community Care Licensing (CCL) Division: Community Care Licensing (CCL) is a division of the California Department of Social Services. This division has the authority to license group home facilities. Their mission is "to promote the health, safety, and quality of life of each person in community care through the administration of an effective

collaborative regulatory enforcement system.”³ CCL’s roles and responsibilities are broken down into three main areas⁴: to reduce the predictable harm to people in care, to ensure community care facilities operate according to applicable laws and regulations (California Health & Safety Code and Title 22 of the California Code of Regulations), and to take corrective action when a licensee fails to protect the health, safety, and personal rights of individuals in care, or is unwilling or unable to maintain substantial compliance with licensing laws and regulations.

Rate Classification Levels (RCLs): “The Rate Classification Levels (RCLs), Standardized Schedule of Rates are provided below. Group Home providers will receive individual FY Rate Notification Letters in accordance with the biennial rate setting process. It is the responsibility of the GH provider to forward copies of its current Rate Notification Letter to all placement agencies from which it receives placements.” (State of California, Department of Social Services, ALL COUNTY LETTER NO. 05-24)

RCLs	Monthly Standard Rate
1	\$1,454
2	\$1,835
3	\$2,210
4	\$2,589
5	\$2,966
6	\$3,344
7	\$3,723
8	\$4,102
9	\$4,479
10	\$4,858
11	\$5,234
12	\$5,613
13	\$5,994
14	\$6,371

RCL 14 is the highest placement level among the classification of group home. “The RCL14 group homes and the children placed there meet the State defined mental health criteria.”⁵

Regional Center: “Regional centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities. They have offices throughout California to provide a local resource to help find and access the many services available to individuals and their families.”⁶

³ State of California, Department of Social Services web-site (http://ccl.dss.cahwnet.gov/MissionSta_1811.htm)

⁴ State of California, Department of Social Services web-site (http://ccl.dss.cahwnet.gov/RolesandRe_1812.htm)

⁵ THE STATE OF CHIILD ABUSE IIN LOS ANGELES COUNTY, Report Compiled from 2002 Data (http://ican.co.la.ca.us/PDF/Data_203.pdf#search=%22RCL14%20definition%20california%22)

⁶ State of California, Department of Developmental Services (www.dds.ca.gov/rc/Rcinfo.cfm)

In-County & Out-of-County Placement: San Bernardino County departments place children in group homes located within the County of San Bernardino or other counties. When children are placed into group homes located in County of San Bernardino, the placement is described as an In-County Placement. When children are placed in group homes located outside of San Bernardino County, the placement is described as an Out-of-County Placement. Furthermore, when children are placed outside of California, the out-of-county placement is specially classified as an Out-of-State Placement.

When possible, the County of San Bernardino places children in group homes located within the county. There is a clear statutory preference for in-county placement, and there are several reasons why children benefit from in-county placements. For example, proximity to the children's own family may promote reunification. Also, San Bernardino County placing workers' placement monitoring, follow-ups, and visitations are easier due to shorter travel time.

However, in-county placement is not always possible for several reasons, such as scarcity of available beds, need for specific treatment programs not available in the county, need for beds not available in certain RCLs, and need for placements with guardians/relatives who live outside of San Bernardino County. Often placement in a neighboring county, such as Riverside, may be closer to the children's family than more distant in-county group homes

Point-in-Time and Cohort Analysis: In order to capture a number of children in group homes, there are two different methods, such as Point-in-Time and Cohort analyses. Depending on the method, different facts could be presented.

Point-in-Time Analysis

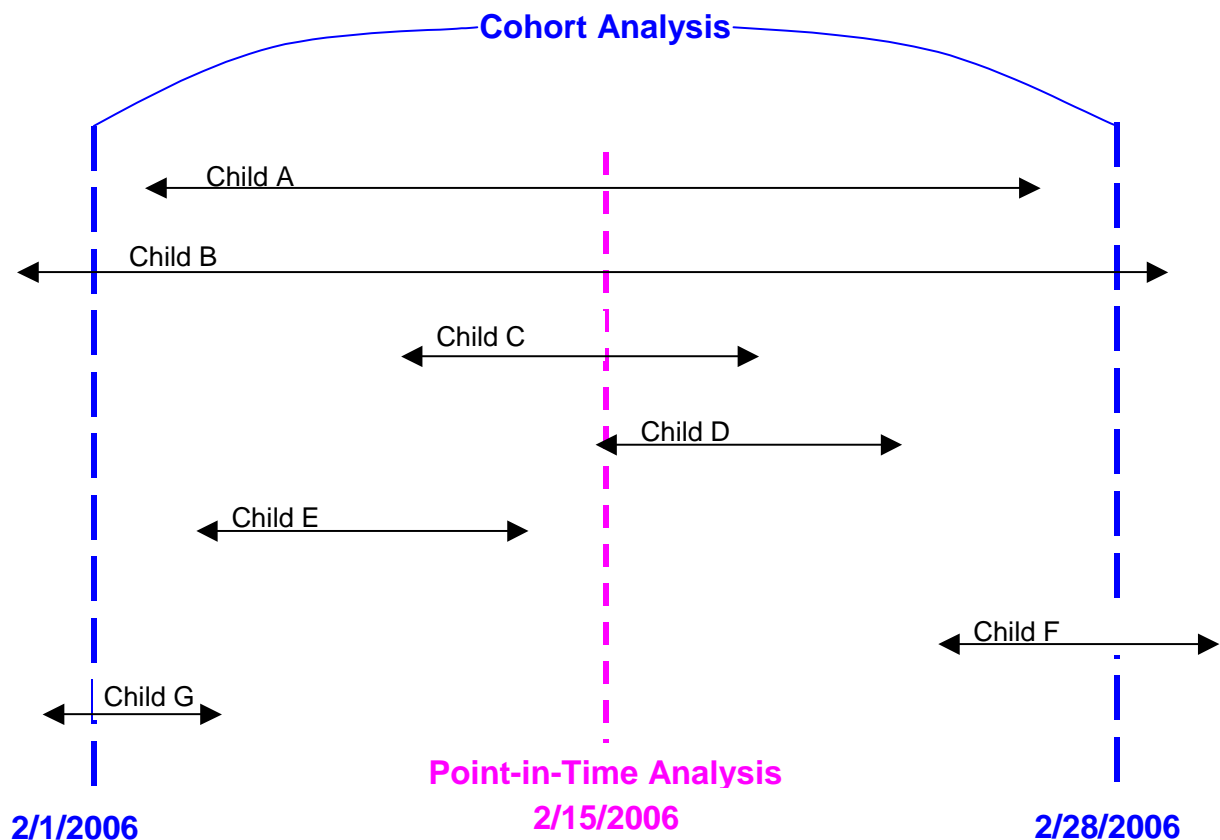
This analysis provides a snap shot of children in group homes at a "certain point in time." Point –in-time analysis over represents long term children.

Cohort Analysis

A cohort analysis is a longitudinal analysis which counts children in group homes for a "certain duration."

Example

The following charts represent a time frame from February 1, 2006 to February 28, 2006. The two blue broken lines indicate a one-month duration in February 2006 and a pink broken line indicates February 15, 2006. The horizontal arrows indicate the placement duration of children. When we conduct a Point-in-Time Analysis using February 15, 2006 as the point in time, we count four children who were in group home placement on February 15, 2006. A cohort analysis counts seven children in group homes during February 2006.



Administrative Databases: In order to track services regarding group home placements, different administrative databases are used by various placing departments.

Child Welfare Services/Case Management System (CWS/CMS)

The CWS/CMS is a statewide casework tracking tool that supports an effective Child Welfare System of services. DCS social workers input all their casework information into the system. Access to the data system is strictly limited to own county cases. All the DCS supervised group home children's casework information can be obtained through this database.

Statewide Automated Welfare System Consortium IV (C-IV)⁷

C-IV is the on-line billing data management system for the following social service programs:

- California Work Opportunity and Responsibility to Kids (CalWORKs)
- Food Stamps
- Medi-Cal
- Foster Care
- Adoption Assistance Program (AAP)
- Cash Assistance Program for Immigrants (CAPI)
- Child Care Programs
- Emergency Assistance (EA)
- Employment Services (WtW, FSET)

⁷ C-IV is has been completely implemented by Merced, Riverside, San Bernardino, and Stanislaus Counties.

- Kinship Guardianship Assistance Program (KinGAP)
- Refugee Assistance Program

All the placements and payments provided to San Bernardino County supervised children by DCS, DBH, and probation are recorded in the C-IV system.

Juvenile Network (JNET)

Juvenile Network (JNET) is a court tracking system. Court social workers input data into the system regarding children on probation and children in welfare services whose cases are opened.

SIMON

SIMON is an internal billing tracking system for DBH supervised children. This system is provider service oriented and not child focused. Access to the database is restricted to DBH.

Section 3: Geographical Information of Group Homes (March 2006)

Section 3 summarizes the geographical information of group homes. Section 3-1 summarizes the number of group homes in San Bernardino and Riverside Counties by cities, and regions. Section 3-2 includes maps showing the distribution of group homes in San Bernardino and Riverside Counties. Group home providers may manage multiple facilities throughout the entire United States. In California, several larger group home providers manage 10 to 30 group home facilities in several counties. The analyses on this section are based on the RCL list updated on March 14, 2006 on the California State web site¹.

3-1. Group Home Facilities and Beds in the Inland Empire

Section 3-1 describes the number of group homes in San Bernardino and Riverside Counties.

San Bernardino County Group Home Facilities and Bed Capacity by Region and City

Table 3-1 describes the number of group home facilities and bed capacities by geographic region in San Bernardino County. Higher proportions of group home facilities and bed capacities are located in the West End and Valley regions.

In San Bernardino County there are 104 group home facilities, and 1,091 total beds. The majority of facilities are located in the West End and Valley regions. Correlating with the larger number of facilities, a high proportion of bed capacities are also located in these two regions. The West End region accounted for 42.62% (n = 465) of the San Bernardino County total bed capacity (N = 1,091). The Valley region accounted for 35.75% (n = 390) of the San Bernardino County total bed capacity.

(Table 3-1) Group Home Facilities and Beds in San Bernardino County (March 2006)

Region	Number of Facilities	Number of Beds
Desert Region	16 (15.38%) ²	224 (20.53%)
West End Region	43 (41.35%)	465 (42.62%)
Mountain Region	2 (1.92%)	12 (1.10%)
Valley Region	43 (41.35%)	390 (35.75%)
San Bernardino County Total	104 Group Home Facilities	1091 Beds

Table 3-2 further describes the number of group home facilities and bed capacities by city. The highest proportion of group home facilities and bed capacities are located in the Cities of Apple Valley, Rialto, and San Bernardino. In addition to these cities, the Cities of Hesperia and Chino Hills also have a high proportion of the total bed capacity.

Table 3-2 also compares the number of group home facilities and total occupied housing units. Overall, the ratio of group home facilities to total occupied housing units is

¹ Data Source: State of California, CWS/CMS Web Site: Group Home Provider List [03-14-06]
<http://www.hwcws.cahwnet.gov/ProgramResources/FosterCare/GH.doc>

² The percentage indicates the proportion of group home facilities and beds by regions to the county total.

small for each city. However, in Mentone the percentage of group home facilities to the total occupied housing units is 0.18%. This ratio is much higher than those of other cities.

(Table 3-2) Group Home Facilities and Bed Capacities by City (March 2006)

City/Town/Area ³	Number of Facilities	Number of Beds	Occupied Total Housing Units ⁴	% of Group Home among Housing Units
(Desert Region)				
Apple Valley	10	104	18,557	0.05%
Hesperia	2	96	19,966	0.01%
Victorville	4	24	21,040	0.02%
Region Total	16	224		
(West End Region)				
Alta Loma	1	6	37,217	0.003%
Bloomington	5	55	4,950	0.10%
Chino	3	48	20,039	0.01%
Chino Hills	2	162	20,039	0.01%
Fontana	6	45	34,014	0.02%
Ontario	3	18	43,525	0.01%
Rancho Cucamonga	5	25	40,863	0.01%
Rialto	16	94	24,659	0.06%
Upland	2	12	24,551	0.01%
Region Total	43	465		
(Mountain Region)				
Crestline	2	12	4,000	0.05%
Region Total	2	12		
(Valley Region)				
Colton	1	6	14,520	0.01%
Devore	1	26	31,352	0.003%
Highland	3	18	13,478	0.02%
Mentone	5	58	2,757	0.18%
Redlands	6	60	23,593	0.03%
San Bernardino	17	102	56,330	0.03%
Yucaipa	10	120	15,193	0.07%
Region Total	43	390		
San Bernardino County Total	104 Group Home Facilities	1091 Beds		

³ For the following areas, Census 2000 data is only available as Designated Census Place or Census Tracts.
Designated Census Place: Bloomington, Crestline, and Mentone
Census Tracts: Alta Loma and Devore

⁴ Data Source of Occupied Housing Units: Census 2000 Summary File 1 (SF 1) 100-Percent Data, H3.
OCCUPANCY STATUS [3] - Universe: Housing units

San Bernardino County Group Home Facilities and Bed Capacities by RCL

Table 3-3 describes the number of group home facilities and bed capacities by RCL.

(Table 3-3) Group Home Facilities and Bed Capacities by RCL (March 2006)

RCL	Number of Facilities	Number of Beds
4	1	14
5	1	148
8	5	30
9	2	12
10	25	170
11	24	167
12	36	501
14	4	24
Regional Center	6	25
Total	104	1,091

Table 3-4 describes the number of group home bed capacities by city and RCL. Group home facilities in RCL 10 to 12 are accessible countywide. Regional Center (RC) and group home facilities in lower RCLs, such as RCL4, RCL5, and RCL8, are only in the West End Region. Group home facilities in RCL 9 and RCL14 are only in the Valley region.

(Table 3-4) Group Home Bed Capacities by City, Region, and RCL (March 2006)

City \ RCL		RC	4	5	8	9	10	11	12	14	Beds by City Total
Desert Region	Apple Valley							18	86		104
	Hesperia								96**		96
	Victorville						18	6			24
West End Region	Alta Loma				6						6
	Bloomington							6	49		55
	Chino							12	36		48
	Chino Hills		14	148*							162
	Fontana							23	22		45
	Ontario				6		12				18
	Rancho Cucamonga	7					18				25
	Rialto	18			12		30	18	16		94
	Upland				6		6				12
Mountain Region	Crestline							12			12
Valley Region	Colton								6		6
	Devore						26				26
	Highland						12			6	18
	Mentone							14	44		58
	Redlands							40	20		60
	San Bernardino					12	48	18	18	6	102
	Yucaipa								108	12	120
RCL Total		25	14	148	30	12	170	167	501	24	1,091

*Boys Republic has 148 beds in Chino Hills. The Boys Republic with 148 Probation level beds has a placing contract with Los Angeles County.

** Lodgemaker has 96 beds.

Table 3-5 compares group home bed capacities in March 2006 with the total placements made by three County of San Bernardino placing departments during February 2006.

The total number of placements made by San Bernardino County placing departments was 683, and group home facilities located in San Bernardino County had 1,091 beds. Theoretically, it would be easy to conclude that San Bernardino County has enough group homes; however, there are reasons to indicate that this may not be the case. First, even though the total number of beds exceeds the number of group home placements made by San Bernardino County placing departments, there is a shortage of group homes in certain RCLs. For example, DCS placed 19 children in group homes in RCL6, but San Bernardino County did not have any group home facilities in RCL6. Also, DCS and DBH placed 38 children into group homes in RCL14 in February 2006, but San Bernardino County had only 24 beds available. Second, children should be placed in a group home with specific programs. The fact that 47.29% (n = 323) of the 683 children were placed in out of county group homes is an indicator that in-county group homes do not offer a program matched with certain children. Finally, other counties place their children in group homes located in San Bernardino County. Therefore, it may be concluded that while San Bernardino County has a numeric abundance of bed capacity that exceed the total placing population, the continued placement of children in out-of-county group homes is an indicator that the range of RCLs and treatment programs is insufficient for the county's placing needs.

(Table 3-5) Group Home Bed Capacities by RCL Compared with County of San Bernardino Supervised Placements

	DCS	DBH	Prob*	San Bernardino County Placements ⁵	Beds available in San Bernardino County
	Total	Total	Total	Total (During Feb.2006)	Total (Mar. 2006)
RCL 04			2	2	14
RCL 05				0	148
RCL 06	19			19	0
RCL 07				0	0
RCL 08	14		1	15	30
RCL 09	12			12	12
RCL 10	57		32	89	170
RCL 11	111		17	128	167
RCL 12	158	10	160	328	501
RCL 13	0	0		0	0
RCL 14	26	11	1	38	24
RC**	14			14	25
Out of State	3	24		27	0
Missing	7	4		11	0
Total	421	49	213	683	1,091

*Prob = Probation **RC = Regional Center

⁵ County placement includes both In-County and Out-of-County placements.

Riverside County Group Home Facilities and Bed Capacities by Region and City

San Bernardino and Riverside Counties are physically located near each other and can be considered as one placement area, the Inland Empire. Placing departments tend to look for group homes close to the child's own home and many group homes in Riverside County are very desirable options for County of San Bernardino placing departments. Therefore, the number of group home facilities and bed capacities in Riverside County is also included in this assessment.

Table 3-6 describes the number of group home facilities and bed capacities In Riverside County.

(Table 3-6) Group Home Facilities and Bed Capacities by RCL (March 2006)

	Number of Facilities	Number of Beds
6	8	48
8	3	22
9	10	78
10	20	132
11	16	96
12	55	701
14	6	43
Regional Center	5	26
Total	123	1,146

Table 3-7 compares the numbers of group home facilities and total occupied housing units. Compared with San Bernardino County, a larger number of group home facilities are located in Riverside County, and these group homes have greater bed capacities. In Riverside County there are 123 group home facilities with higher concentrations in the Western and Mid regions. Riverside County has 1,146 beds.

(Table 3-7) Group Home Facilities and Beds in Riverside County (March 2006)

City	Number of Facilities	Number of Beds	Occupied Total Housing Units ⁶	% of Group Home among Housing Unit
(Western Region)				
Corona	7	100	37,839	0.02%
Mira Loma	1	6	4,556	0.02%
Moreno Valley	26	160	39,225	0.07%
Norco	2	12	6,136	0.03%
Riverside	40	357	82,005	0.05%
Region Total	76	635		
(Mid Region)				
Banning	8	48	8,923	0.09%
Cabazon	3	18	721	0.42%
Calimesa	2	12	2,982	0.07%
Cherry valley	1	6	2,434	0.04%
Hemet	3	32	25,252	0.01%
Mountain Center	1	31	1,748	0.06%
Perris	17	102	9,652	0.18%
Region Total	35	249		
(Desert Region)				
Desert Hot Springs	1	18	5,859	0.02%
Indio	4	24	13,871	0.03%
Palm Desert	1	6	19,184	0.01%
White Water	1	96	1,443	0.07%
Region Total	7	144		
(Southern Region)				
Murrieta	2	82	14,320	0.01%
Temecula	3	36	18,293	0.02%
Region Total	5	118		
Riverside County Total	123 Group Home facilities	1146 Beds		

Data Source of Occupied Housing Units: Census 2000 Summary File 1 (SF 1) 100-Percent Data, H3. OCCUPANCY STATUS [3] - Universe: Housing units

⁶ Designated Census Place data were applied for the following cities Cabazon, Hemet, and Mira Loma. Census Tract data were applied for the following cities: Mountain Center and White Water.

3-2. GEO-Mapping of Group Homes in San Bernardino and Riverside Counties

The following maps display the location of each group home along with their bed capacities and Rate Classification Levels (RCLs). In addition to the group home location, information concerning local law enforcement (e.g. police stations, and sheriff's offices), fire stations, and hospitals are displayed on the maps. RCLs and bed capacities of each group home facility are further described by shape and color of icons. For further information, please see the legend on each map.

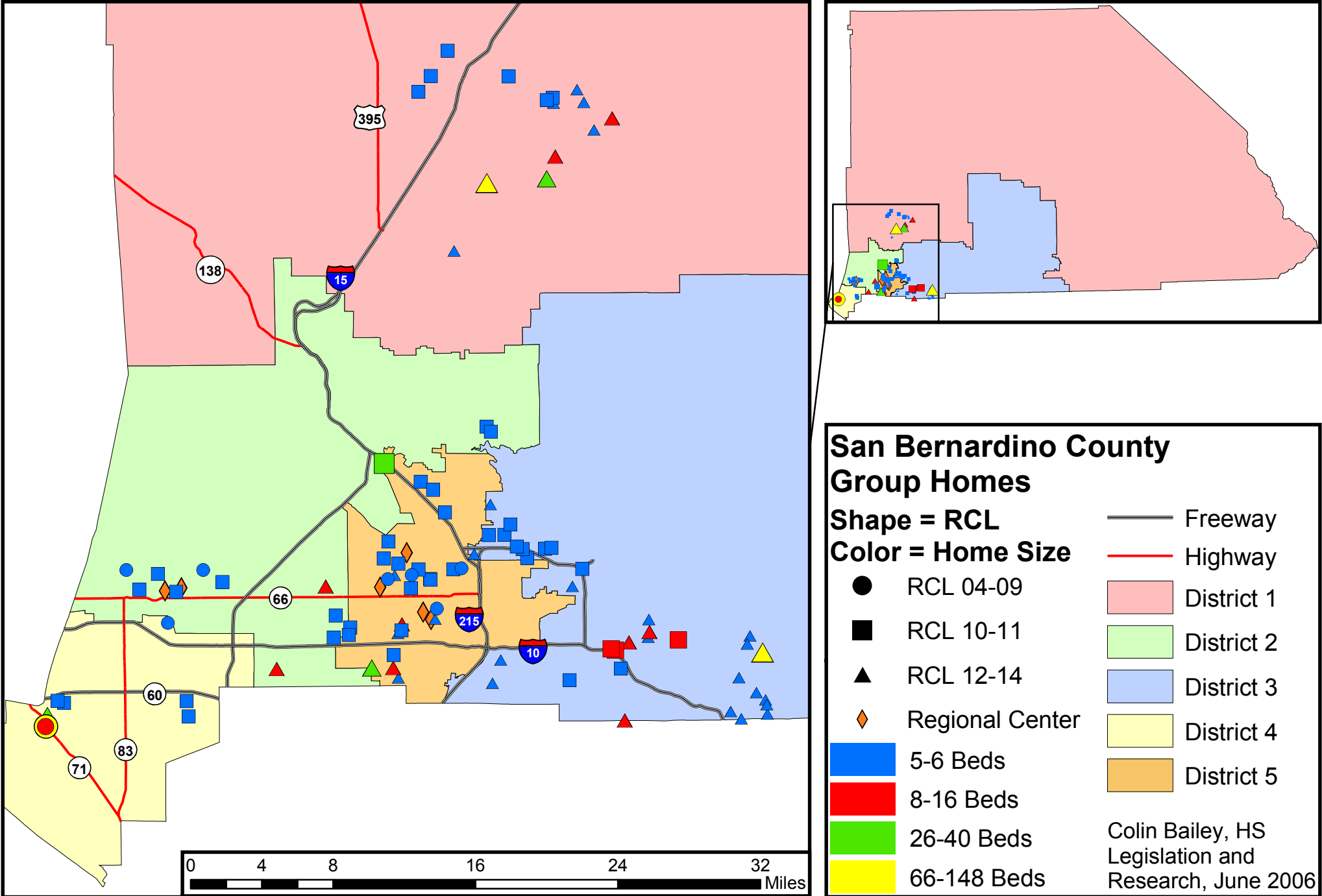
- Map 1: San Bernardino County Overview of the Group Home Facility Distribution
- Map 2: Detailed Map of Supervisory District 1 of San Bernardino County
- Map 3: Detailed Map of Supervisory District 2 of San Bernardino County
- Map 4: Detailed Map of Supervisory District 3 of San Bernardino County
- Map 5: Detailed Map of Supervisory District 4 of San Bernardino County
- Map 6: Detailed Map of Supervisory District 5 of San Bernardino County
- Map 7: Detailed Map of Riverside County Overview of the Group Home Facility Distribution

The first map provides the overview of the group home facility distribution in San Bernardino County. Additional maps provide greater details in the five Supervisorial Districts. In addition, the last map shows the overview of the group home facility distribution in Riverside County.

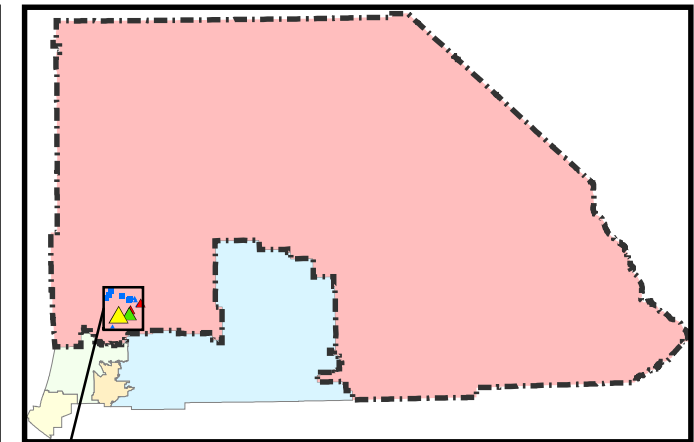
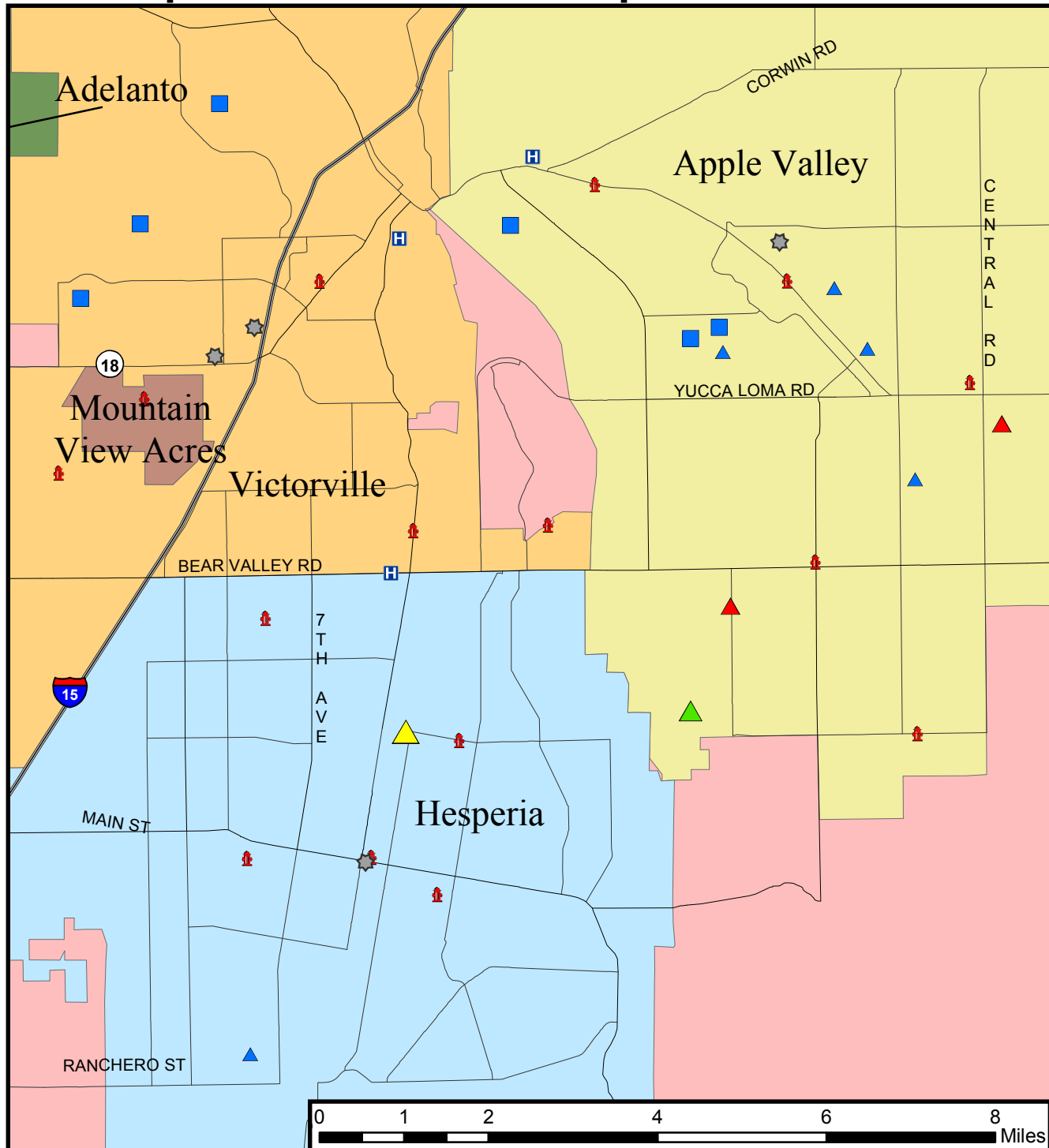
For further information concerning mapping of group homes, please contact:

Colin Bailey
Statistical Analyst
909-388-0173
HS Administration
Legislation, Research and Quality Services Unit

Group Homes in San Bernardino County by Supervisorial Districts



Group Homes in Supervisorial District 1



Group Homes in District 1

Shape = RCL

Color = Home Size

● RCL 04-09

■ RCL 10-11

▲ RCL 12-14

■ 5-6 Beds

■ 8-16 Beds

■ 26-40 Beds

■ 66-148 Beds

Emergency Services

🚒 Fire Station

H Hospital

👮 Law Enforcement

Roads

— Freeway

— Highway

— Street

Cities

■ Adelanto

■ Apple Valley

■ Hesperia

■ Mtn View Acres

■ Victorville

■ District 1

■ District 2

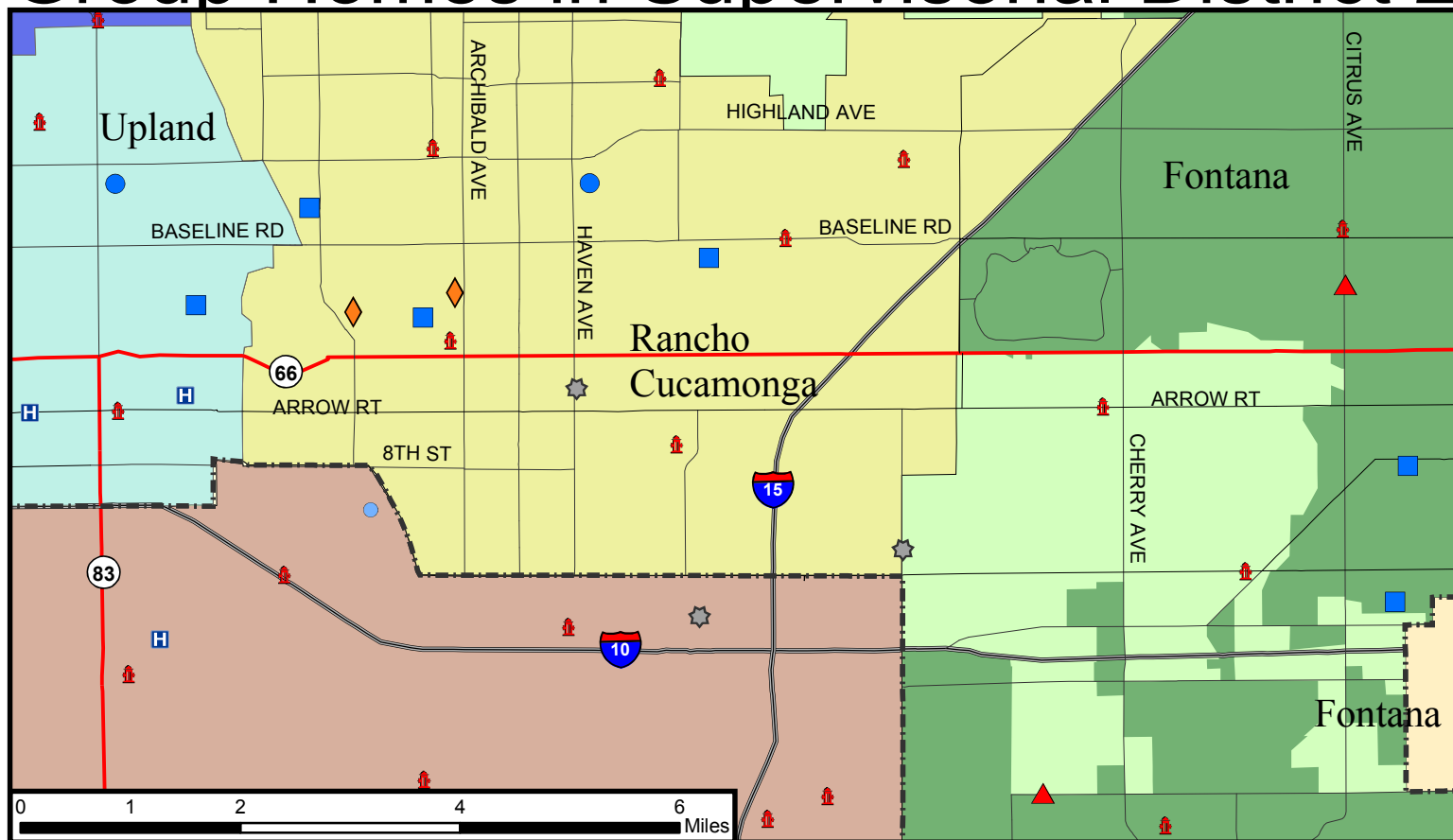
■ District 3

■ District 4

■ District 5

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Group Homes in Supervisorial District 2



Group Homes in District 2

Shape = RCL

Color = Home Size

Cities

- RCL 04-09
- RCL 10-11
- ▲ 26 - 40 Beds
- ◆ Regional Center
- 5-6 Beds
- 8-16 Beds
- 26-40 Beds
- 66-148 Beds

- Crestline
- Fontana
- Muscoy
- Rancho Cucamonga
- San Antonio Heights
- Upland
- Ontario
- District 2
- District 1
- District 3
- District 4
- District 5

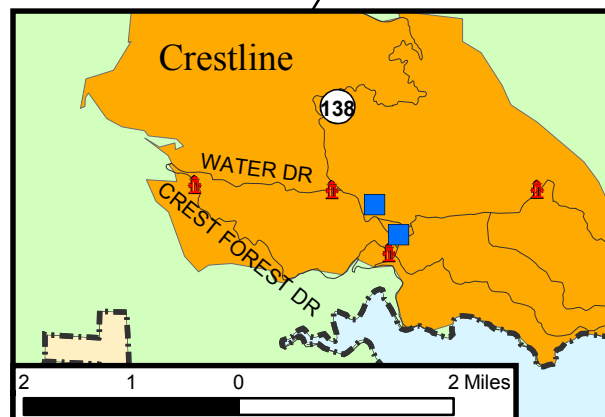
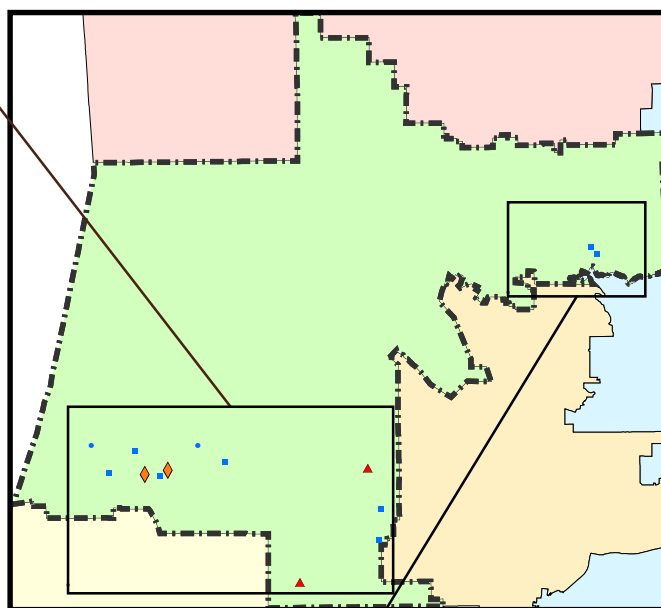
Emergency Services

- 🚒 Fire Station
- 🏥 Hospital
- 👮 Law Enforcement

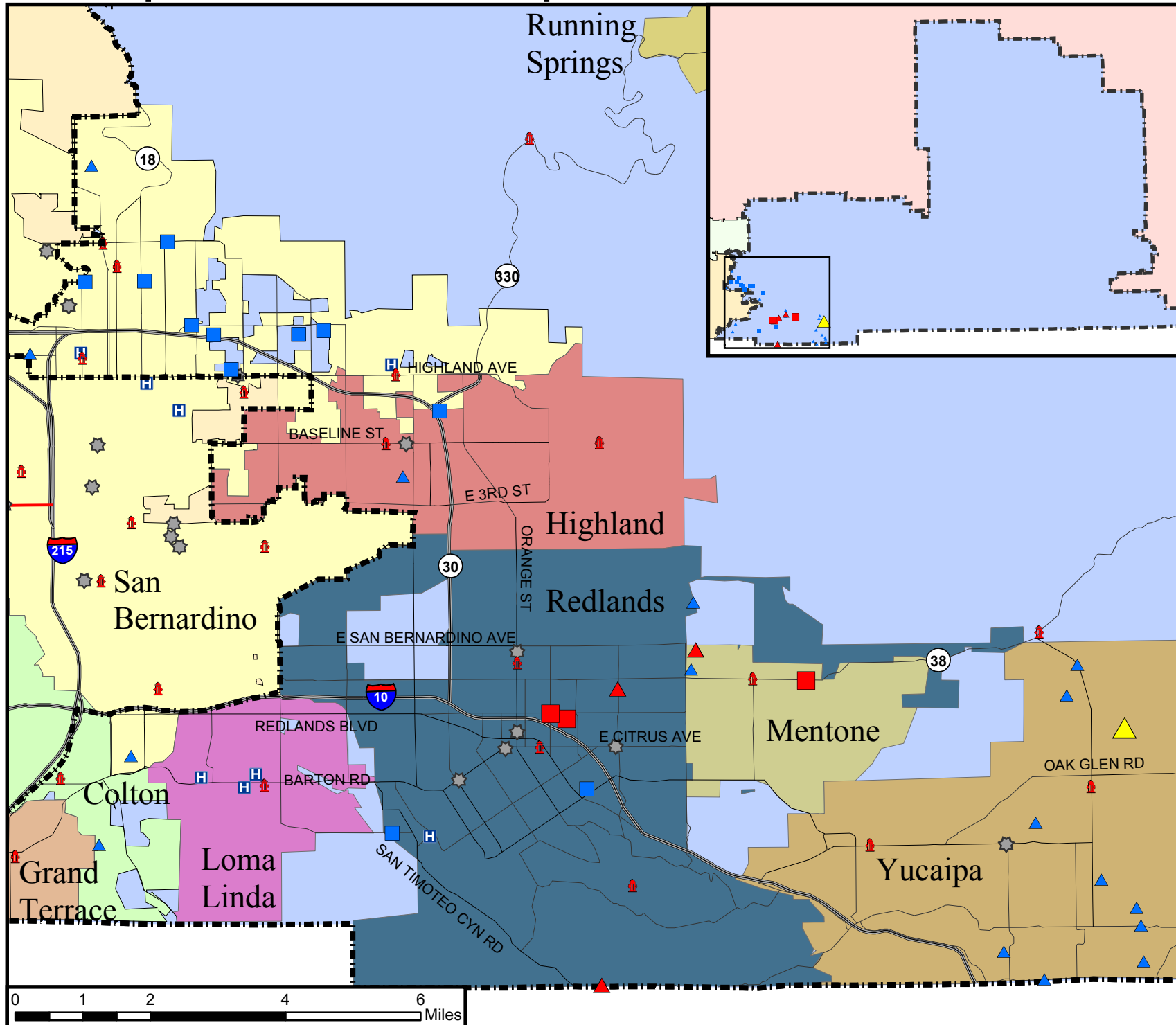
Roads

- Freeway
- Highway
- Street

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Group Homes in Supervisorial District 3



Group Homes in District 3

Shape = RCL
Color = Home Size

- RCL 04-09
- RCL 10-11
- ▲ RCL 12-14
- ◆ Regional Center

- 5-6 Beds
- 8-16 Beds
- 26-40 Beds
- 66-148 Beds

Emergency Services

- 🚒 Fire Station
- 🏥 Hospital
- 👮 Law Enforcement

Roads

- Freeway
- Highway
- Street

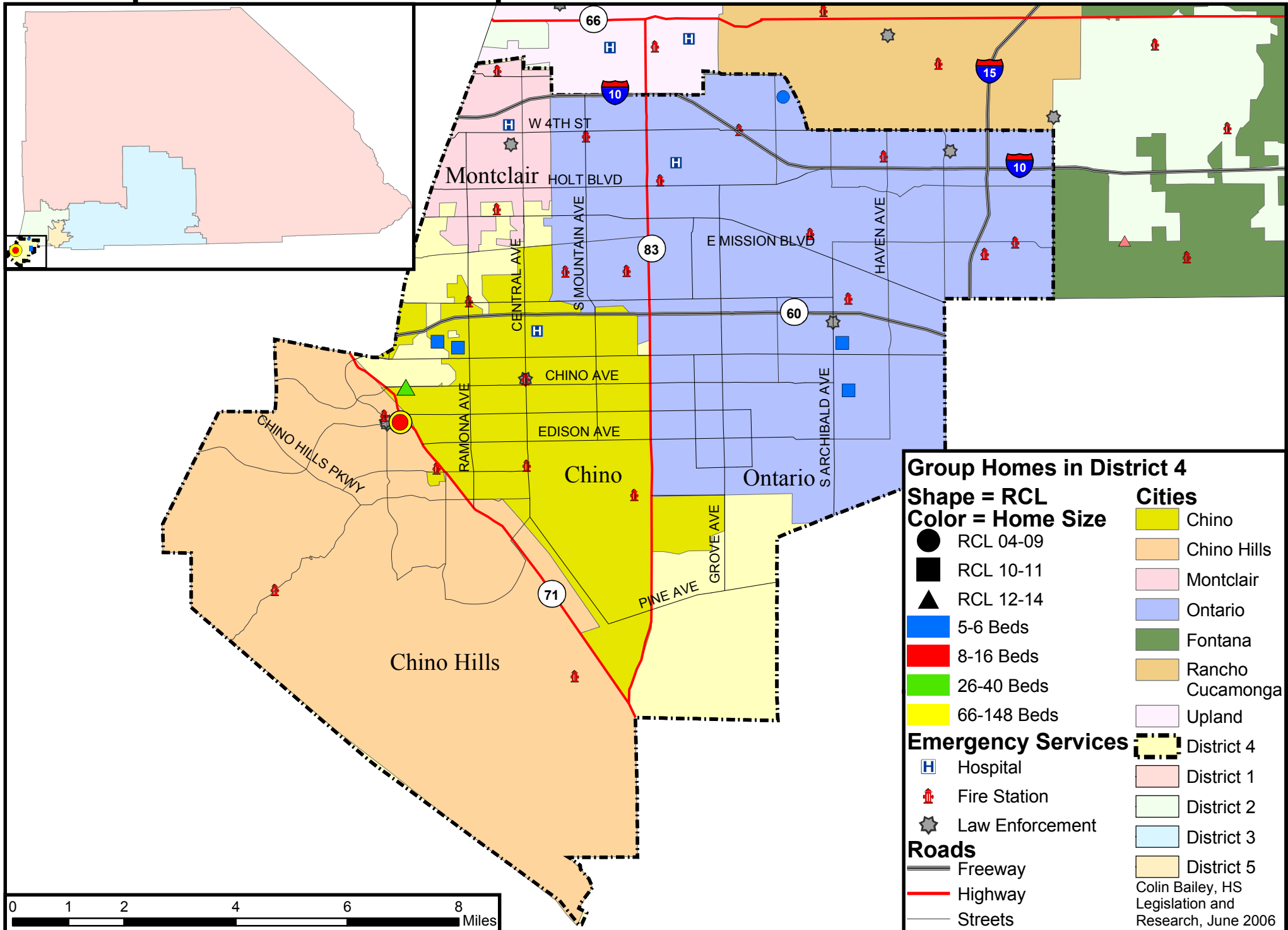
Cities

- Colton
- Grand Terrace
- Highland
- Loma Linda
- Mentone
- Redlands
- Running Springs
- San Bernardino
- Yucaipa

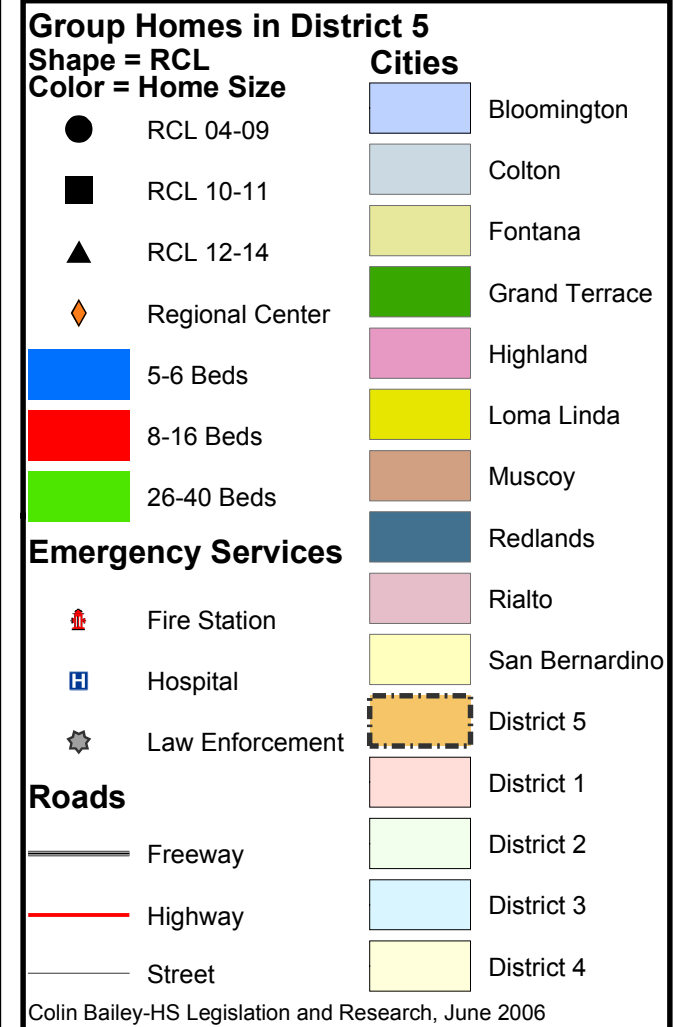
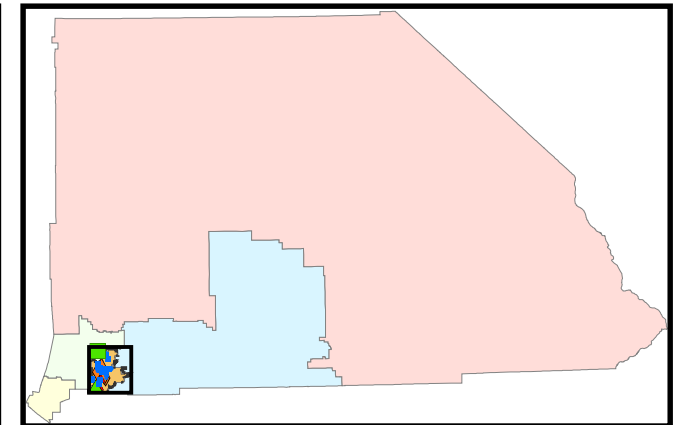
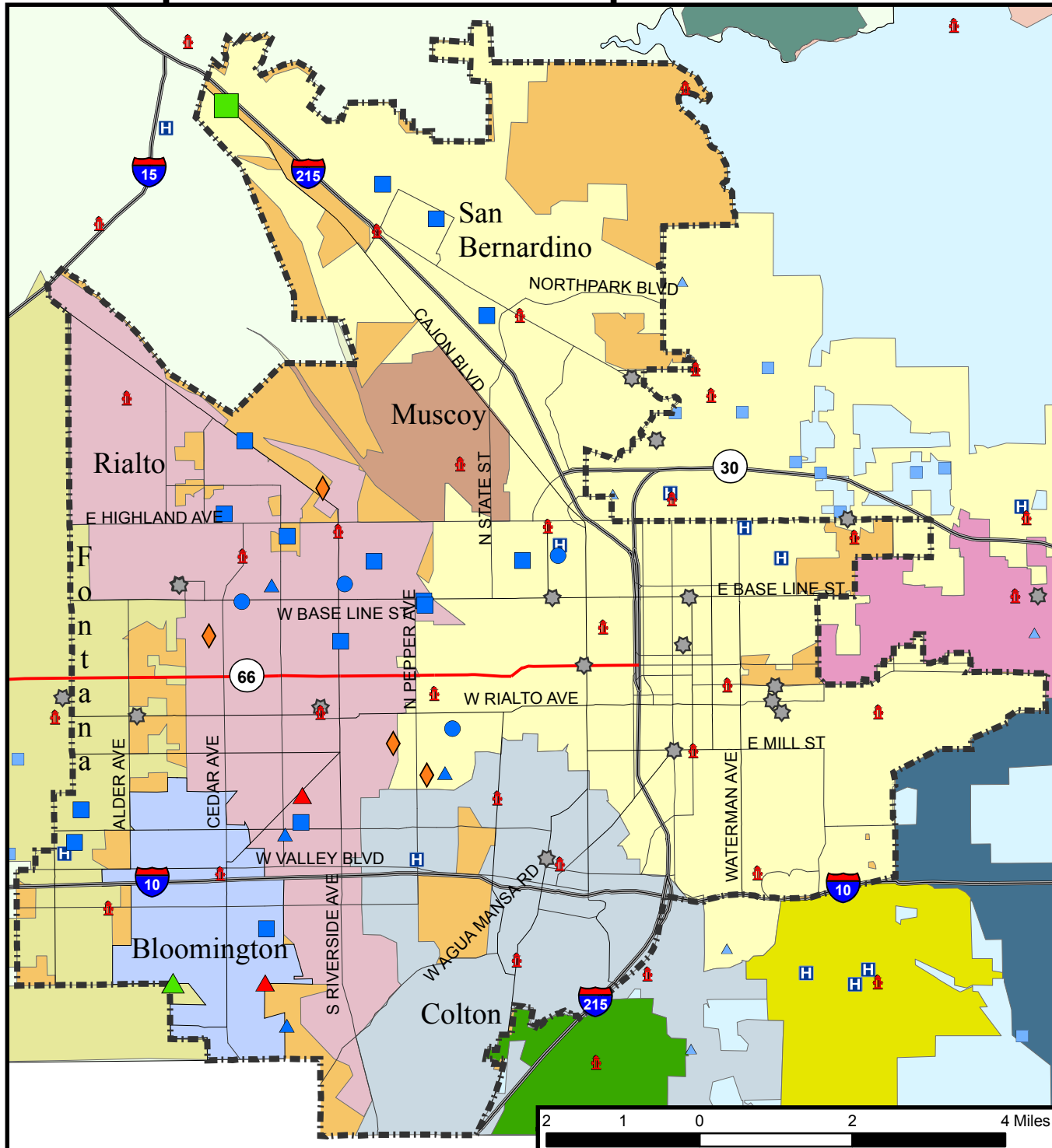
- District 3
- District 1
- District 2
- District 5

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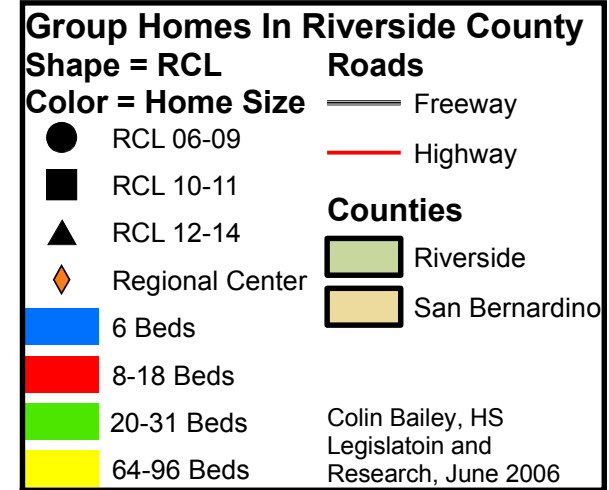
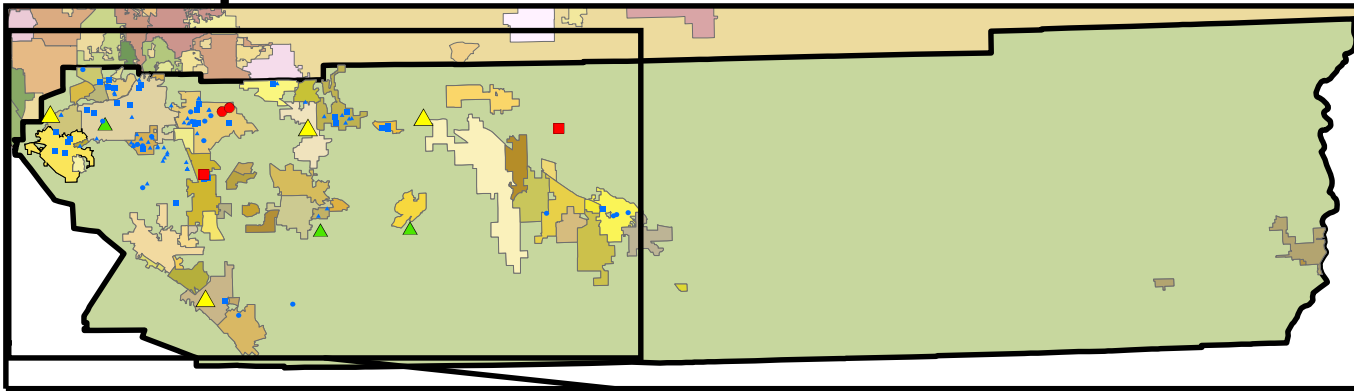
Group Homes in Supervisorial District 4



Group Homes in Supervisorial District 5



Group Homes in Riverside County



Section 4: Data Summary

Section 4 summarizes various analyses of administrative data and results from past assessments to describe the characteristics of group home placements and San Bernardino County supervised children and youths in group homes from different aspects.

Section 4 includes: San Bernardino County overview, demographics of children and youth in group homes, abuse and incidents in group homes, and educational outcomes.

4-1. San Bernardino County and Children and Youth Overview (2005)

Section 4-1 describes the demographical characteristics of San Bernardino County and San Bernardino County Children and Youth.

San Bernardino County Overview and Comparison with Neighboring Counties

San Bernardino County is the largest geographic county in California. The county is located in southeast California bordering on Kern, Inyo, Los Angeles, Orange and Riverside Counties and the States of Arizona and Nevada.

Table 4-1 compares statistics among neighboring counties with large populations.

(Table 4-1)

County	San Bernardino	Riverside	Los Angeles	Orange	San Diego
Total Area (square miles)*	20,105.32	7,303.13	4,752.32	947.98	4,525.52
Land Area (square miles)*	20,052.50	7,207.37	4,060.87	789.40	4,199.89
Water Area (square miles)*	52.82	95.76	691.45	158.57	325.62
Number of Cities	31	24	88	34	18
Total Population: All Ages**	1,942,091	1,871,587	10,145,640	3,074,722	3,063,322
Population: Under 18 Years**	573,029	530,207	2,779,941	800,650	711,105
Median Household Income***	47,221	47,772	45,958	64,416	51,012

Data Source:

* Census 2000 Summary File 1 (SF 1) 100-Percent Data-GCT-PH1-R

** State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, May 2004.

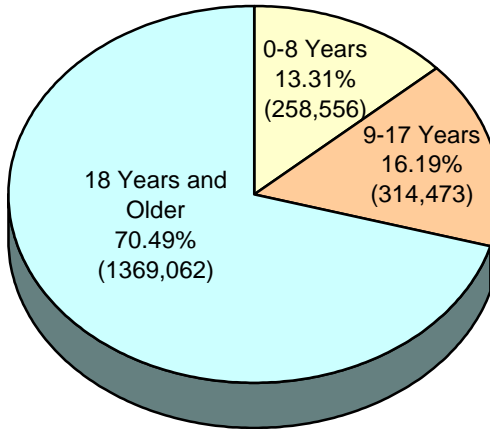
*** US Census Bureau, American Community Survey 2004 Estimate

San Bernardino County Population by Age Groups

The total population of San Bernardino County in 2005 was 1,942,091 according to the California Department of Finance. In 2005, the population of children and youth under 18 years old in San Bernardino County was 573,029, accounting for 29.5% of the total population.

(Graph 4-1) San Bernardino County Population by Age Groups (2005)¹

**County of San Bernardino Total Population
= 1,942,091**



Data Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, May 2004.

San Bernardino County Population by Age Groups & Ethnicity

Table 4-2 compares population by ethnicity and age groups.

(Table 4-2) San Bernardino County Population by Age Groups & Ethnicity

	All Ages		Under 18 Year-Old		18 Years and Older	
Total	1,942,091		573,029		1,369,062	
Hispanic	978,161	50.37% ²	341,534	59.60%	636,627	46.50%
White	579,770	29.85%	114,685	20.01%	465,085	33.97%
African American	201,148	10.36%	67,814	11.83%	133,334	9.74%
Asian & Pacific Islander	134,676	6.93%	29,353	5.12%	105,323	7.69%
Multi Race	35,233	1.81%	16,306	2.85%	18,927	1.38%
American Indian	13,103	0.67%	3,337	0.58%	9,766	0.71%

Data Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, May 2004.

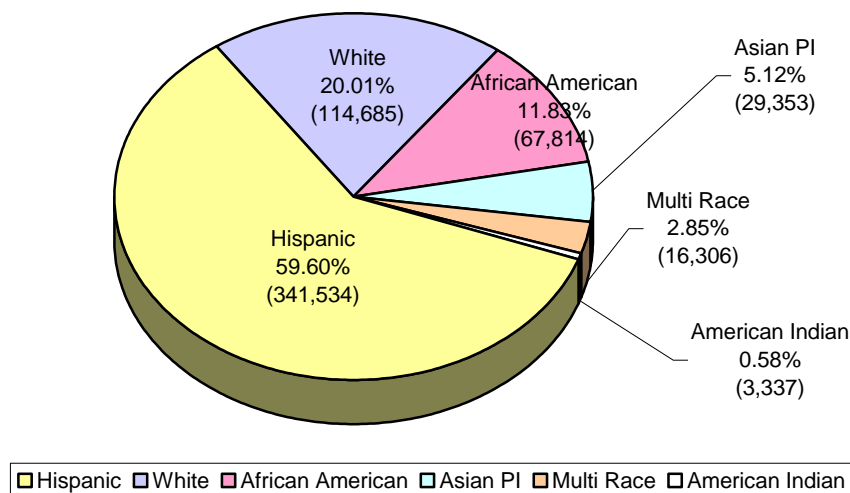
¹ State of California, Department of Finance projected population in 2005 based on 2000 Census data.

² The percentage indicates proportions of population of each ethnicity to the total population of each age group.

Among the population of children and youth under 18 years old in San Bernardino County, Hispanics were the highest population (59.60%). Whites were the second highest population (20.01%) followed by African Americans (11.83%). (see Table 4-2 & Graph 4-2).

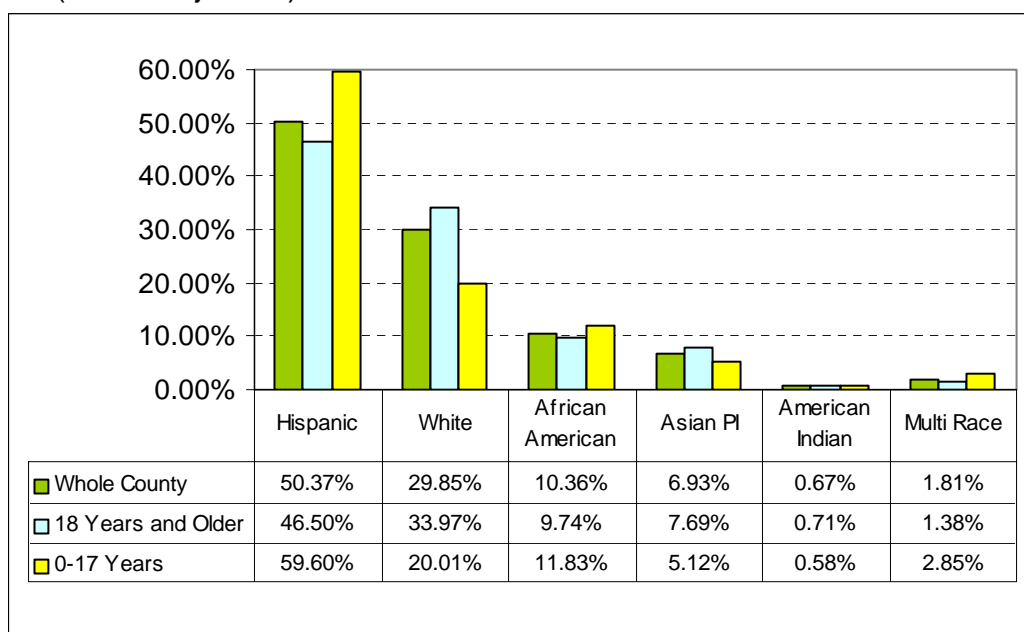
This ranking is consistent across age groups. However, among the younger generations, the proportion of the Hispanic population increased and that of the White population decreased. By comparing the Hispanic and White population under 18 years old, the Hispanic population under 18 years old increased from 46.50% to 59.60% and the White population under 18 years old decreased from 33.97% to 20.01%. (see Table 4-2 & Graph 4-3)

(Graph 4-2) San Bernardino County population Under 18 Years Old by Ethnicity (2005 Projection)



PI = Pacific Islander

(Graph 4-3) San Bernardino County Proportion of Ethnicity Comparison by Age Groups (2005 Projection)



PI = Pacific Islander

4-2. County of San Bernardino Supervised Children in Group Home

Three placing departments, Department of Children's Services, Department of Behavioral Health, and, Department of Probation, place and supervise children in group home facilities. They place children in group homes located in San Bernardino County and outside of San Bernardino County. In addition, these departments may place children in group homes located outside of California. Since each department serves distinct populations, (see "Placing Departments and Children's Issues" below); Section 4-2 analyzes demographics and characteristics of San Bernardino County supervised group home children for each department.

Who are County of San Bernardino Supervised Group Home Children?

As previously mentioned, the placement agencies place children in group homes located in San Bernardino County, other counties in California, and outside of California. **No matter where these group homes are located, if the children are placed by a County of San Bernardino placing department, these children are defined as *San Bernardino County supervised group home children*.** Even though children from other counties live in group homes located in San Bernardino County, children who are placed by other counties are not considered County of San Bernardino supervised group home children.

Placing Departments and Children's Issues

Department of Children's Services (DCS): This placing department serves children who have been removed from their home due to abuse, neglect, or incapability of parents. As of February 2006, DCS supervised 410 children in group homes.

Department of Behavioral Health (DBH): This placing department serves children whose mental health issues, such as Serious Emotional Disorder, require residential placements under their individual educational plan. As of February 2006, DBH supervised 49 children in group homes.

Department of Probation (Probation): This placing department places lower risk juvenile offenders in group homes. As of February 2006, Probation supervised 213 children in group homes.

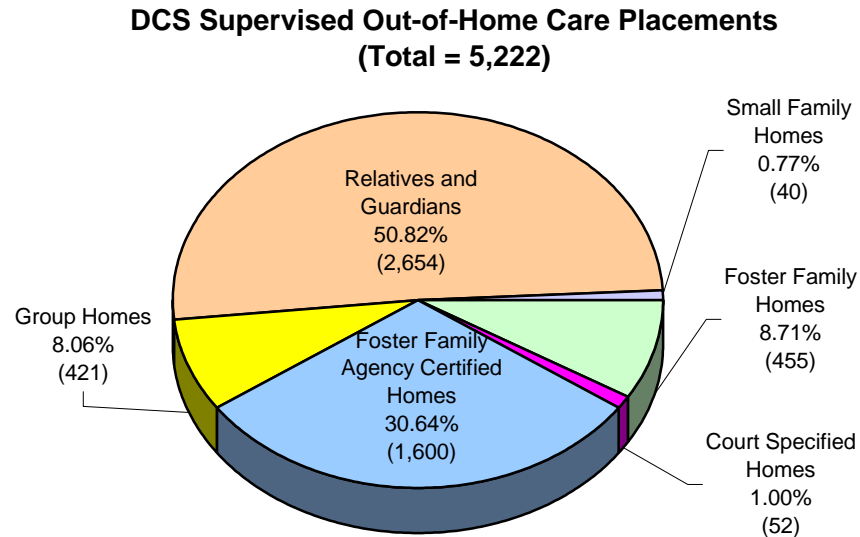
*Group Home Placement among Out-of-Home Care*³

A group home is a type of out-of-home care. Out-of-Home care includes County Licensed Foster Family Homes, State Licensed Foster Family Agencies, Small family Homes, Relative/Guardian Homes, and Group Homes. Among 5,222 out-of-home care cases supervised by DCS in February 2006, 421 cases⁴ were group home placements, accounting for 8.06% of total DCS out-of-home care cases. (see Graph 4-4) In addition, among 58 cases supervised by DBH in February 2006, 49 cases were group home placements, accounting for 84.48% of total DBH out-of-home care. (see Graph 4-5)

³ Data for children placed into other types of out-of-home care by Probation Department were not available.

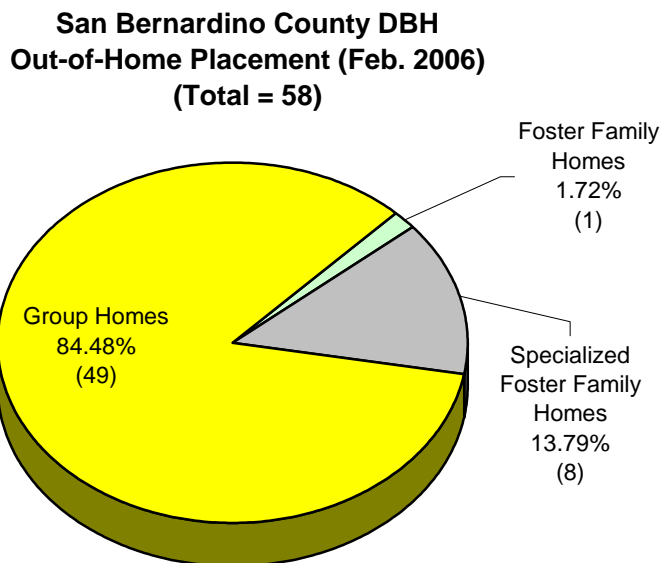
⁴ DCS supervised a total of 410 children in group homes in February 2006. Since some children exited out from and re-entered into group homes during the month, the number of children (n = 410) and number of cases (n = 421) is not the same.

(Graph 4-4) County of San Bernardino DCS Out-of-Home Care Placements (Feb. 2006)



Data Source: CWS/CMS, data extracted on March 12, 2006

(Graph 4-5) San Bernardino County DBH Out-of-Home Care Placements (Feb. 2006)



Data Source: C-IV, data extracted of March 13, 2006

Group Home Placements by Location of Group Home (DCS, Probation, and DBH Supervised Children)

As previously mentioned, San Bernardino County placing departments placed and supervised children in and outside of San Bernardino County. During February 2006, 673 total children were placed in group homes: DCS supervised 421 placements, DBH supervised 49 placements, and Probation supervised 213 placements. (see Table 4-3)

Among the total 421 group home placements during February 2006, DCS placed 200 children (47.51%) into group homes located in the San Bernardino County (in-county placements). DCS placed 219 children in group homes located outside of San Bernardino

County (out-of-county placements). In addition, DCS placed 2 children in group homes located outside of California (out-of-state placement).

Out of the total 49 group home placements made by DBH, in-county placements were 8.16% (n = 4). Out-of-county placements were 42.86% (n = 21), and 48.98% (n = 24) were out-of-state placements.

Out of the total 213 group home placements made by Probation, in-county placements were 73.24% (156 cases), and out-of-county placements were 26.76% (57 cases). There were no out-of-state placements in February 2006.

Table 4-3 summarizes the number of in-county, out-of-county, and out-of-state placements during one month in 2002, 2004, and 2006. Also, Graphs 3-6, 3-7, and 3-8 describe the point-in-time comparison of the number of placements during a specific month in 2002, 2004, and 2006.

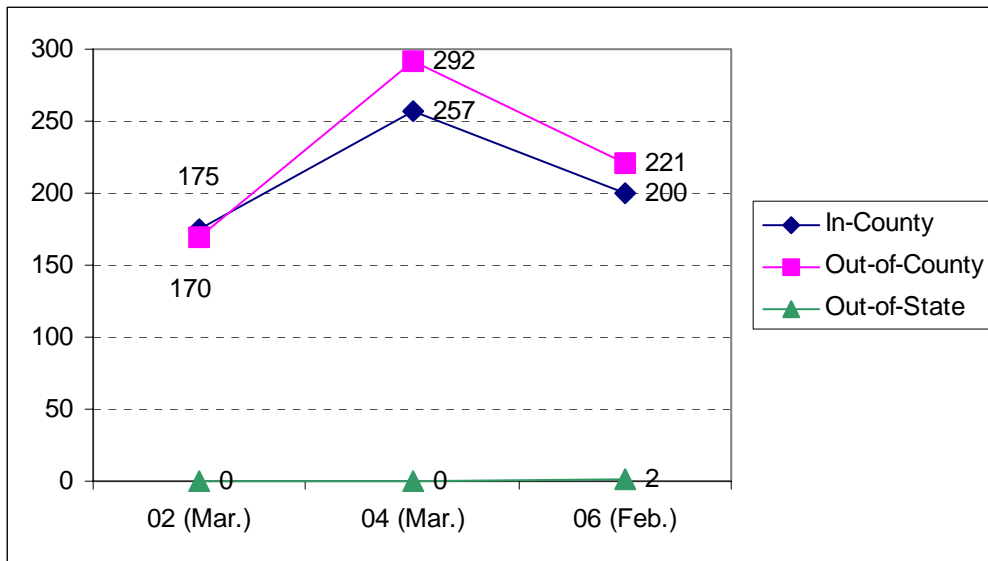
(Table 4-3) In-county, out-of-county, and out-of-state placements during one month in 2002, 2004, and 2006

		2002 (Mar.)		2004 (Mar.)		2006 (Feb.)	
DCS	Department Total Placements	345		549		421	
	In-County	175	50.72% ⁵	257	46.81%	200	47.51%
	Out-of-County	170	49.28%	292	53.19%	219	52.02%
	Out-of-State	0	0.00%	0	0.00%	2	0.48%
DBH	Department Total Placements	39		46		49	
	In-County	12	30.77%	18	39.13%	4	8.16%
	Out-of-County	10	25.64%	16	34.78%	21	42.86%
	Out-of-State	17	43.59%	12	26.09%	24	48.98%
Probation	Department Total Placements	271		239		213	
	In-County	168	61.99%	123	51.46%	156	73.24%
	Out-of-County	103	38.01%	116	48.54%	57	26.76%
	Out-of-State	0	0.00%	0	0.00%	0	0.00%
Total Group Home Placements by The 3 Placing Departments		655		834		673	

Data Source: C-IV, Data extracted March 13, 2006

⁵ The percentage indicates the proportion of placement into different locations to total numbers of placements per year.

(Graph 4-6) Change in the Number of Placements by Location (DCS)



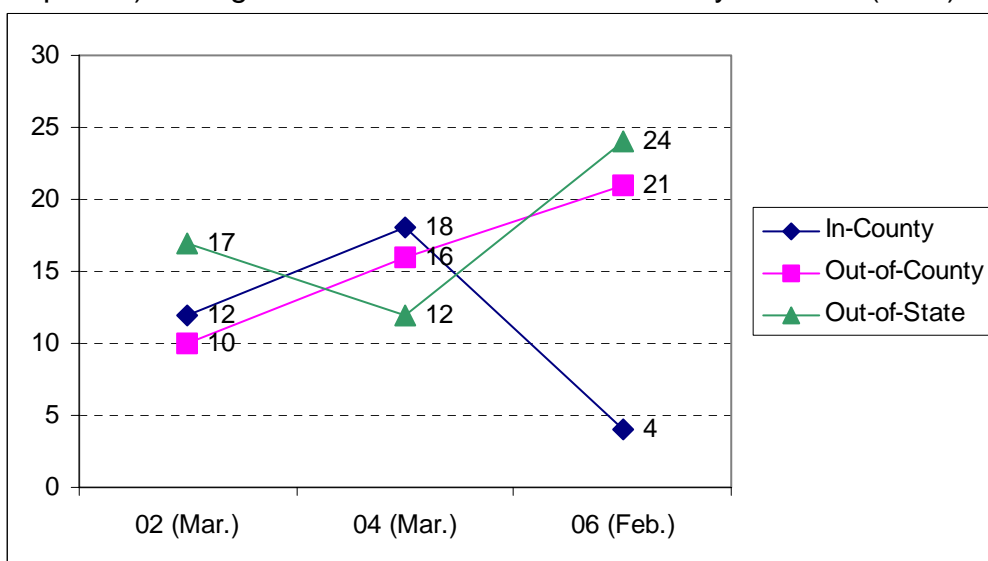
Data Source: C-IV, Data extracted March 13, 2006

The total number of placements made by DCS increased from 345 in March 2002 to 549 in March 2004 (59.13% increase), and then decreased from 549 to 421 as of February 2006 (23.32% decrease). Despite the fluctuation of placements, the proportion of in-county and out-of-county placements had been stable. In-county-group home placements were slightly more than 50% of total placements each year. DCS made very few out-of-state placements.

The following were the top three counties accepting County of San Bernardino DCS supervised children out-of-county placements in Feb. 2006:

	County	Number of Children
1.	Riverside	.....173
2.	Los Angeles	.....30
3.	Orange	.....10

(Graph 4-7) Change in the Number of Placements by Location (DBH)



Data Source: C-IV, Data extracted on March 13, 2006

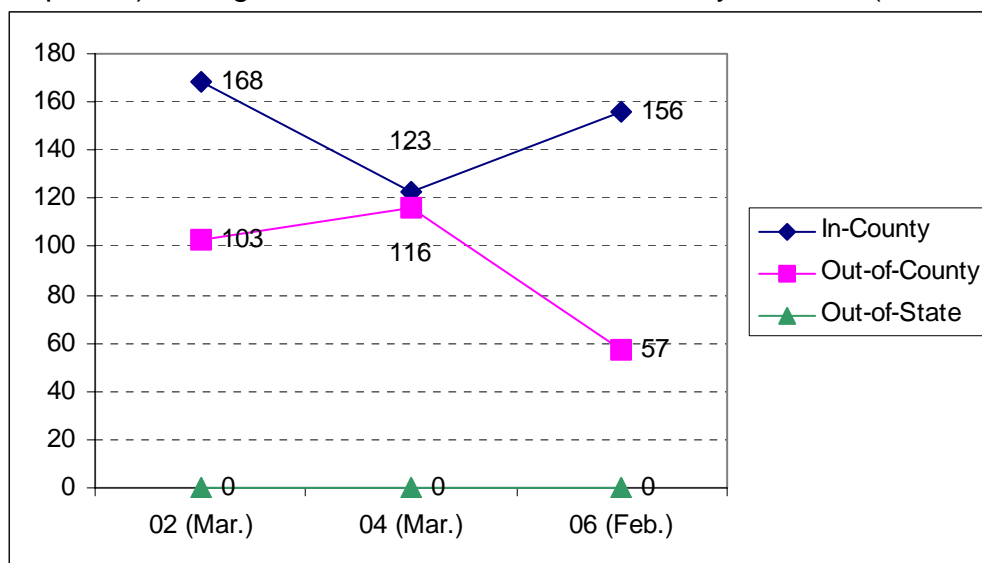
Children's Network Group Home Assessment (2006)

The total number of DBH placements increased from 39 in March 2002 to 49 in February 2006. In addition, the numbers of out-of-county and out-of-state placements increased during 2002, 2004, and 2006. On the other hand, the numbers of in-county placements decreased from 18 in March 2004 to 4 in February 2006. From this trend, it could be concluded that DBH places children outside of San Bernardino County. One possible reason may be closures of group homes in RCL 14. In 2001, there were 10 group homes in RCL 14 with 38 beds. As of April 2006, there were four group homes in RCL 14 with 24 beds in San Bernardino County. During the last five years, 6 group homes in RCL 14 with 14 beds were closed.

The following were the top three locations accepting San Bernardino County DBH supervised children out-of-county and out-of-state placements in Feb. 2006:

	Location	Number of Children
1.	Utah	.....21
2.	Riverside	.....14
3.	San Diego	.....3

(Graph 4-8) Change in the Number of Placements by Location (Probation)



Data Source: C-IV, Data extracted March 13, 2006

Overall, Probation placed more children in group homes located in San Bernardino County than outside of San Bernardino County. There were no out-of-state placements in March 2002, March 2004, and February 2006. During the four years, total placements made by Probation have decreased from 271 in March 2002 to 213 in February 2006. In spite of the downward trend, the proportion of in-county placements had increased from 61.99% in March 2002 to 73.24% in February 2006. Probation's trend to place children in group homes located in San Bernardino County may be influenced by the arrival of the Lodgemaker group home facility located in the High Desert.

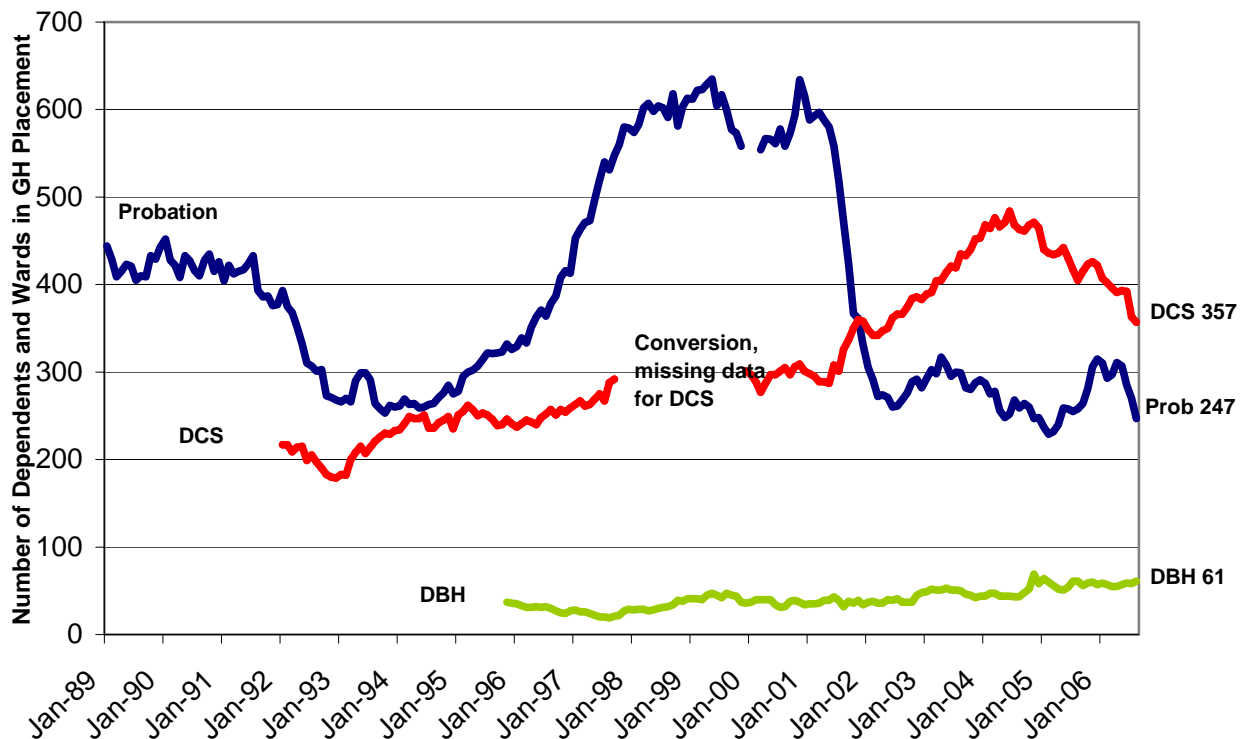
The following were the top three counties accepting County of San Bernardino Probation supervised children out-of-county placements in Feb. 2006:

	County	Number of Children
1.	Riverside	.....27
2.	Calaveras	.....21
3.	Los Angeles	.....5

Point-in-Time Comparison of Placements between 3 Placing Departments
Jan. 1989- Aug.2006 (DCS, DBH, and Probation Supervised Children)

Graph 4-9 describes the group home placement trends by San Bernardino County placing departments over 17 years. Over the years there have been fluctuations in the number of placements. Legislative changes and closure of group homes may contribute to why group home placements increase or decrease. Please see the introduction for further explanation of the Point-in-Time Comparison.

(Graph 4-9) Point-in-Time Comparison of the Number of Placements
 by Placing Department



Data Source: DCS – Internal Report (Internal PLC-SUM-LOC), DBH – CW data extract, and Probation – Internal Report (Minors in Placements)

One trend observed from Graph 3-9 is a continuous reduction of group home placements for DCS. Table 4-4 describes the number and percentage change in DCS group home placements. During the 20-month period, from January 2005 to August 2006, DCS group home placements declined from 440 to 357 (-23.25%).

There is no obvious factor that can contribute to the reduction. However, DCS management and social workers' continuous everyday effort to reduce residential care placements through F2F and Wraparound may play a large role in this reduction.

(Table 4-4) Change in DCS Group Home Placements
Point-in-Time Analysis at the End of Month

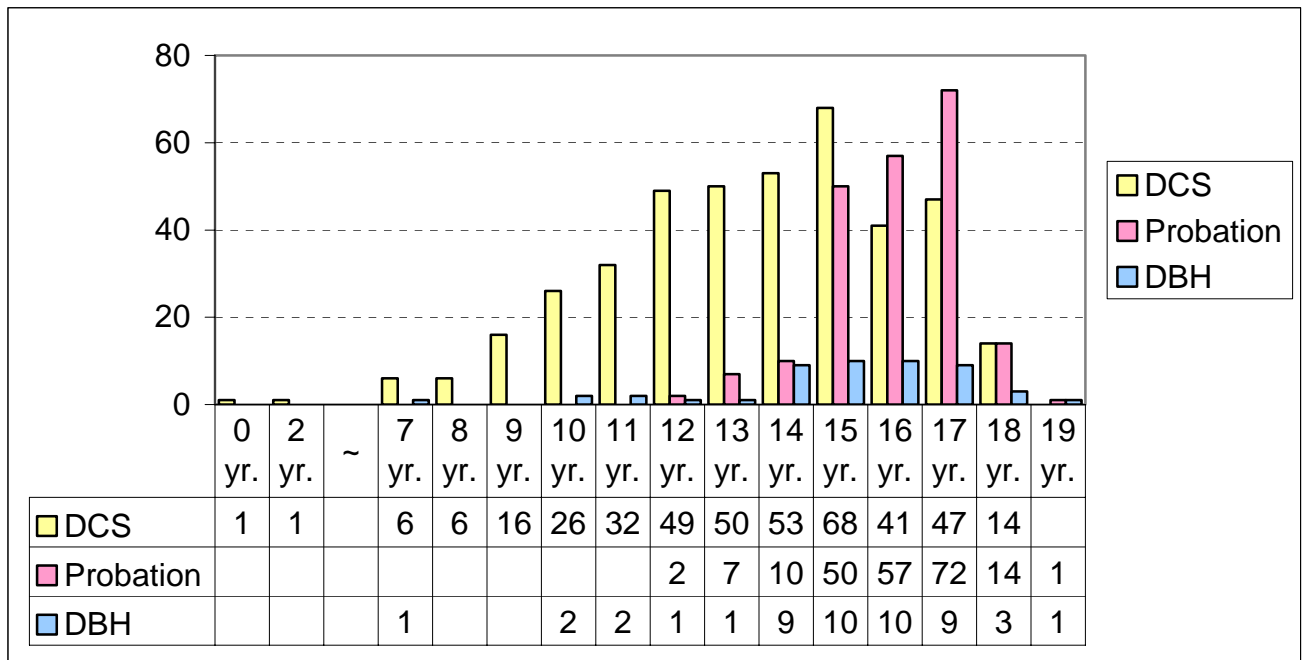
Year/Month	DCS group home placement	# of group home placement changed from the previous month	% change per month
2005 January	440	-25	-5.68%
February	436	-4	-0.92%
March	434	-2	-0.46%
April	436	2	0.46%
May	442	6	1.36%
June	430	-12	-2.79%
July	417	-13	-3.12%
August	405	-12	-2.96%
September	415	10	2.41%
October	423	8	1.89%
November	426	3	0.70%
December	422	-4	-0.95%
2006 January	407	-15	-3.69%
February	402	-5	-1.24%
March	396	-6	-1.52%
April	391	-5	-1.28%
May	393	2	0.51%
June	392	-1	-0.26%
July	363	-29	-7.99%
August	357	-6	-1.68%

Data Source: Internal DCS Report (CQ PLC_SUM_LOC)

Age and Gender of San Bernardino County Supervised Children in Group Homes 2006 (DCS, DBH, and Probation Supervised Children)

Graph 4-10 illustrates the age of children staying in group homes in February 2006 by each placing department. Overall, older children age 14 to 17 are the majority of the group home population. DCS supervised children were in the age range from 0 to 18 years old. DBH supervised children were in the age range from 7 to 19 years old. Probation supervised children were in the age range of 12 to 19 years old. DCS supervised a larger age range of children compared to other placing departments. DCS supervised a larger number of younger children than DBH or Probation due to the nature of their agency.

(Graph 4-10) Age of Children in Group Homes by Placing Departments (Feb. 2006)



Data Source: CWS/CMS and C-IV

Table 4-5 describes the gender of San Bernardino County supervised children in group homes in February 2006 by each department. Overall, there were more males than females. Among DCS supervised children (N = 410), males accounted for 62.93% (n = 258) and females accounted for 37.07% of those. Among the total DBH supervised children (N = 49), males accounted for 69.39% (n = 34), and females accounted for 30.61% (n = 15). Among the total Probation supervised children (N = 213), males accounted for 84.98% (n = 181), and females accounted for 15.02% (n = 32). Among San Bernardino County population under the age of 18 years, 51.18% were males and 48.82% were females; when compared to the county population, males in group homes are over represented.

(Table 4-5) Gender of San Bernardino County Supervised Group Home Children (Feb. 2006) Data Source: CWS/CMS and C-IV

	DCS		DBH		Probation		San Bernardino County Under 18	
Female	152	37.07%	15	30.61%	32	15.02%	269,515	48.82%
Male	258	62.93%	34	69.39%	181	84.98%	282,535	51.18%

Tables 4-6, 7, and 8 compare the number of in-county, out-of-county, and out-of-state placements in February 2006 by gender for each placing department.

Analyses of DBH and Probation supervised children did not indicate a considerable trend in locations of placement by gender. On the other hand, DCS supervised children indicated a trend that females tended to be placed in group homes located outside of San Bernardino County.

Table 4-6-a compares DCS supervised children by location of placement. Overall, females tend to be placed in group homes located outside of San Bernardino County rather than within San Bernardino County. By adding up out-of-county (76.13%) and out-of-state (1.29%) placements, DCS placed 77.42% (n = 103) of females outside of San Bernardino County.

The number of out-of-county placement seems high for females at a glance; however, DCS placed 85.16 % (n = 132) of females in the Inland Empire. (See Table 4-6-b) Therefore, it may be stated that the majority of DCS supervised females were placed comparatively close⁶ to their own homes.

DCS placed 55.64% (n = 148) of males in group homes located inside of San Bernardino County and 90.6% (n = 241) of males in the Inland Empire.

(Table 4-6-a) San Bernardino County DCS Supervised Children by Locations of Placement (Feb. 2006)

	In-County	Out-of-County	Out-of-State
Female	52 (33.55%) ⁷	101 (76.13%)	2 (1.29%)
Male	148 (55.64%)	118 (44.36%)	

(Table 4-6-b)

	Inland Empire			
	In-County	Riverside County	Out-of-County Excluding Riverside	Out-of-State
Female	52 (33.55%)	80 (51.61%)	21 (13.55%)	2 (1.29%)
Male	148 (55.64%)	93 (34.96%)	25 (9.40%)	

Data Source: CWS/CMS

Table 4-7-a compares DBH supervised children by location of placement. DBH placed the majority of children in group homes located outside of San Bernardino County regardless of gender. Out of the total 49 children, DBH placed only 2 females (13.33%) and 2 males (5.88%) in San Bernardino County. In addition, DBH placed 6 females (40.00%) and 12 males (35.29%) in the Inland Empire.

An obvious trend of DBH group home placements indicates a high proportion of out-of-state placements. DBH placed 7 females (46.67%) and 17 males (50.00%) in group homes located outside of California. By adding up out-of-state placements and out-of-county placements excluding Riverside County, more than a half of the males and females were placed relatively far from their homes regardless of the children's gender.

(Table 4-7-a) San Bernardino County DBH Supervised Children by Location of Placement

	In-County	Out-of-County	Out-of-State
Female	2 (13.33%)	6 (40.00%)	7 (46.67%)
Male	2 (5.88%)	15 (44.12%)	17 (50.00%)

⁶ This analysis does not include individual case analysis. If children living in the high desert region were placed in the County of Riverside, their parents may have to travel a considerable distance to visit with their children.

⁷ The percentage indicates the proportion of each placement in different locations to total numbers of placements per gender.

(Table 4-7-b)

	Inland Empire			
	In-County	Riverside County	Out-of-County Excluding Riverside	Out-of-State
Female	2 (13.33%)	4 (26.67%)	2 (13.33%)	7 (46.67%)
Male	2 (5.88%)	10 (29.41%)	5 (14.70%)	17 (50.00%)

Data Source: C-IV

Table 4-8-a compares Probation supervised children by location of placement. Probation placed the majority of children in San Bernardino County regardless of the children's gender. Probation placed 71.88% (n = 23) of females and 73.48% (n = 133) of males in San Bernardino County. 84.38% (n = 27) of females and 86.19% (n = 156) of males were placed in the Inland Empire.

(Table 4-8-a) San Bernardino County Probation Supervised Children by Location of Placement

	In-County	Out-of-County	Out-of-State
Female	23 (71.88%)	9 (28.13%)	0 (0%)
Male	133 (73.48%)	48 (26.52%)	0 (0%)

(Table 4-8-b)

	Inland Empire			
	In-County	Riverside County	Out-of-County Excluding Riverside	Out-of-State
Female	23 (71.88%)	4 (12.50%)	5 (15.63%)	0 (0%)
Male	133 (73.48%)	23 (12.71%)	25 (13.81%)	0 (0%)

Data Source: C-IV

Ethnicity of Children in San Bernardino County Group Homes (DCS, DBH, and Probation Supervised Children)

Table 4-9 summarizes ethnicity of San Bernardino County Supervised children in group homes by each placing department compared to the population under 18 years old in San Bernardino County. Graph 4-11 compares the proportion of each ethnicity by placing departments and the overall San Bernardino County demographics.

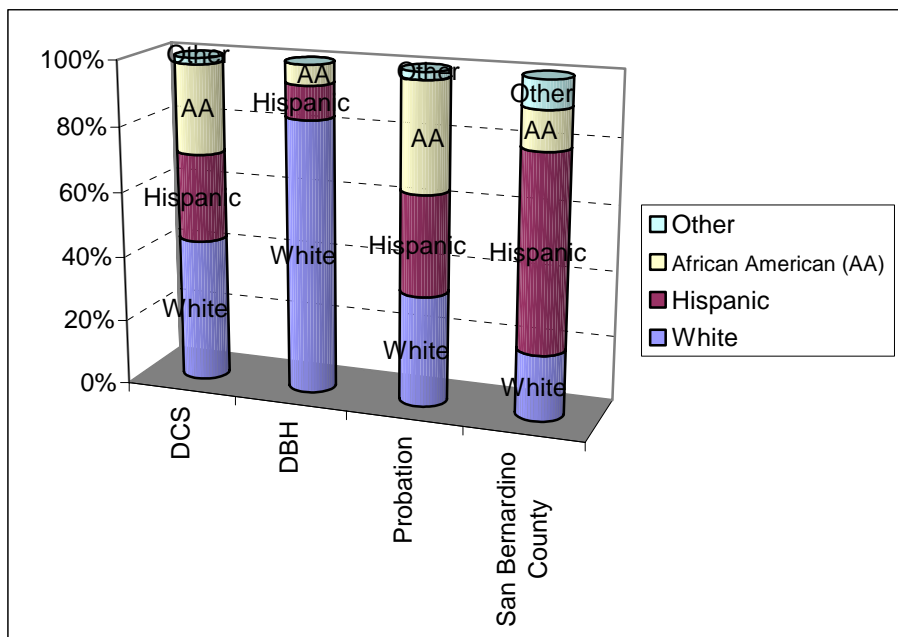
The majority of the DCS supervised children were White (43.90%). An almost even proportion of Hispanics (26.83%) and African Americans (27.32%) were the second highest proportion. DBH supervised children were comprised mainly by Whites (83.67%). In addition, Probation supervised children were almost equally comprised of Whites (33.80%), Hispanics (30.52%), and African Americans (33.33%).

(Table 4-9) Ethnicity of Children in Group Homes in San Bernardino County by Placing Departments Compared with San Bernardino County Population Under 18 Years Old.

	DCS		DBH		Probation		San Bernardino County Population Under 18 Years	
White	180	43.90% ⁸	41	83.67%	72	33.80%	114,685	20.01%
Hispanic	110	26.83%	5	10.20%	65	30.52%	341,534	59.60%
African American	112	27.32%	3	6.12%	71	33.33%	67,814	11.83%
Other	8	1.95%			5	2.35%	48,996	8.55%
Total	410		49		213		573,029	

Data Source: CWS/CMS and C-IV

(Graph 4-11) Ethnicity of Children in County Group Homes in San Bernardino by Placing Departments Compared with San Bernardino County population Under 18 years Old.



Data Source: CWS/CMS and C-IV

Table 4-10 compares the number of children in group homes under 18 years old per 1,000 by ethnicity regardless of placing department in February 2006. Among White children, 2.55 out of every 1,000 were in group homes. Among Hispanic children, 0.53 out of 1,000 were in group homes. In addition, among African American children, 2.74 out of 1,000 were in group homes. This ratio indicates that Hispanic children's group home entering ratio was lower than those of White and African American children. Alternatively, it can be stated that African American children were over represented.

⁸ The percentage indicates the proportion of placement by each ethnicity to total numbers of placements per department.

(Table 4-10) Number of Children in Group Homes Under the Age of 18 by Ethnicity Point-in-Time Analysis (Feb. 2006) (DCS, Probation, and DBH Supervised Children)

White	Hispanic	African American	Other
2.55 per 1,000 White Children	0.53 per 1,000 Hispanic Children	2.74 per 1,000 African American Children	0.27 per 1,000 Other Children

Duration of Stay in Group Homes - Point-in-Time Analysis (DCS, DBH, and Probation Supervised Children)

Table 4-11 summarizes the length of stay in group homes for children with an active group home placement in February 2006.

(Table 4-11) Children's Placement Duration in Group Homes (Feb. 2006)

	DCS		DBH		Probation	
	Number of Children		Number of Children		Number of Children	
Less than 1 Month	33	7.84%	4	8.16%	9	4.23%
1 to 6 Month	144	34.20%	20	40.81%	138	64.79%
6 Month to 1 Year	106	25.18%	14	28.57%	53	24.88%
1 to 2 Years	90	21.38%	9	18.37%	13	6.10%
2 to 3 Years	25	5.94%	2	4.08%		
3 to 4 Years	13	3.09%				
4 to 9 Years	10	2.38%				
Average Days in Group Home	356		247		163	
Minimum	6 days		26 days		1 day	
Maximum	3316 days		693 days		1080 days	

Data Source: CWS/CMS and C-IV

67.22% of DCS supervised children stayed in group homes for less than 1 year. The average stay in group homes for DCS supervised children was 356 days, minimum stays in group homes were 6 days, and maximum stays in group homes were 3,316 days, which is almost 9 years. DCS supervised children tend to stay in group homes longer than children supervised by DBH and Probation.

77.55% of DBH supervised children stayed in group homes for less than 1 year. The average stay for DBH supervised children was 247 days, minimum stays were 26 days, and the maximum stay was 693 days.

93.90% of Probation supervised children stayed for less than 1 year. The average stay for Probation supervised children was 163 days, the minimum stay was 1 day, and the maximum stay was 1,080 days, almost 3 years.

Duration of Stay in Group Homes – DCS Supervised Children (Cohort Analysis)⁹

Table 4-12 describes DCS children's length of stay in group homes and frequency of placement changes. For example, in the year 2000, a cohort of 209 children were placed in group homes sometime after their removal from their parents. On average these children have two group home placements with the range of 1 to 20 placement changes. They were placed in group homes for 16.8 months on average with the range of 1 day to 6.3 years. Among the 209 children, 24% (n = 50) remained in foster care as of August 1, 2006.

The longitudinal data indicates that, as children's length of stay at a group home became longer, frequencies of placement change became higher. Therefore, it may be concluded that once children are placed in group homes, they tend to remain in group homes as time goes on.

(Table 4-12) Children's Placement Duration in Group Homes (Longitudinal)

Removal Year	Number of Foster Children with a Group Home Placement after their Removal from Parents	Average Number of Group Home Placements	Range of Group Home Placements	Average Length of Time in Group Homes	Range of Time in Group Home Placements (Cumulative)
2000	209	2	1 to 20	16.8 months	1 day to 6.3 years
2001	248	2	1 to 14	15.6 months	1 day to 5.1 years
2002	233	2	1 to 15	13.2 months	1 day to 4.1 years
2003	284	2	1 to 13	10.6 months	1 day to 3.3 years
2004	288	2	1 to 13	9.2 months	2 days to 2.5 years
2005	178	1	1 to 5	6 months	1 day to 1.5 years

Table 4-13 further describes the frequency of placement changes for group home children. Among the foster children with the first group home placements during 2000 to 2003, about 70% remained in their first or second group home placements and about 12% have five or more group home placements. The number of children who remained in their first group home placements slightly increased for children whose first group home placement was in 2004 (77.35%) and 2005 (87.64%). However, that can be due to the time limitation after foster care entry.

(Table 4-13)

Number of Group Home Placements	2000		2001		2002		2003		2004		2005	
1 to 2	149	71.29%	170	68.55%	159	68.24%	197	69.37%	222	77.35%	156	87.64%
3 to 4	36	17.22%	44	17.74%	43	18.45%	56	19.72%	45	15.68%	21	11.80%
5 or more	24	11.48%	34	13.71%	31	13.30%	31	10.92%	20	6.97%	1	0.56%
Total	209		248		233		284		287		178	

⁹ Due to limits to administrative data, we can only perform this analysis on the DCS population.
Data Source: CWS/CMS

Rate Classification Levels (RCLs) of San Bernardino County Supervised Children and Locations of Placement (DCS, Probation, and DBH Supervised Children)

Table 4-14 summarizes the total numbers of San Bernardino County supervised placements in group homes by RCL levels and locations of placement. Graph 4-12 to 14 shows the number of placements by RCLs and locations for each placing department.

Out of the total 421 placements, DCS placed 43.71% of ($n = 184$) cases in group homes in RCL12 or higher. Among these 184 cases, 42.93% ($n = 79$) were placed in group homes located in San Bernardino County.

Specifically, in February 2006, DCS placed 421 children in Regional Center or group homes in RCL6, RCL8, RCL9, RCL10, RCL11, RCL12, and RCL14. Almost 90% of the total San Bernardino County DCS supervised placements were in the Inland Empire. However, for Regional Center, RCL6, and RCL9 beds, DCS placed children in Riverside County more often than in San Bernardino County. DCS placed 14 children in Regional Center Homes; 28.57% ($n = 4$) of those 14 children were placed in San Bernardino County and 57.14% ($n = 8$) were placed in Riverside County. DCS placed 19 children in RCL6; 31.58% ($n = 6$) of the 19 children were placed in San Bernardino County, and 57.89% ($n = 11$) were placed in Riverside County. Finally, DCS placed seven children in RCL9; 25.00% ($n = 3$) of those seven children were placed in San Bernardino County, and 58.33% ($n = 8$) were placed in Riverside County.

DBH placed 10 children in RCL12 and 11 children in group homes in RCL14. Among the 10 children in RCL12, 20.00% ($n = 2$) were placed in San Bernardino County, and 50.00% ($n = 5$) were placed in Riverside County. Among the 11 children in RCL14, 9.09% ($n = 1$) were placed in San Bernardino County, and 63.64% ($n = 7$) were placed in Riverside County.

48.98% ($n = 24$) of the total DBH supervised children were placed in group homes outside of San Bernardino County. Almost 70% of San Bernardino County DBH supervised children were placed in the Inland Empire. However, as previously mentioned only 20.00% of children in RCL12 ($N = 10$) and 9.09% ($n = 2$) of children in RCL 14 ($N = 11$) were placed in San Bernardino County.

The majority of San Bernardino County Probation supervised children were in RCL10, 11, and 12. Probation placed 26.76% ($n = 57$) of the children outside of San Bernardino County. Almost 100% of children in RCL11 and 12 were placed in the Inland Empire, and around 82% of children in RCL 11 and 12 were placed in San Bernardino County.

Of 32 children in RCL10, 28.13% ($n = 9$) of the children were placed in San Bernardino County.

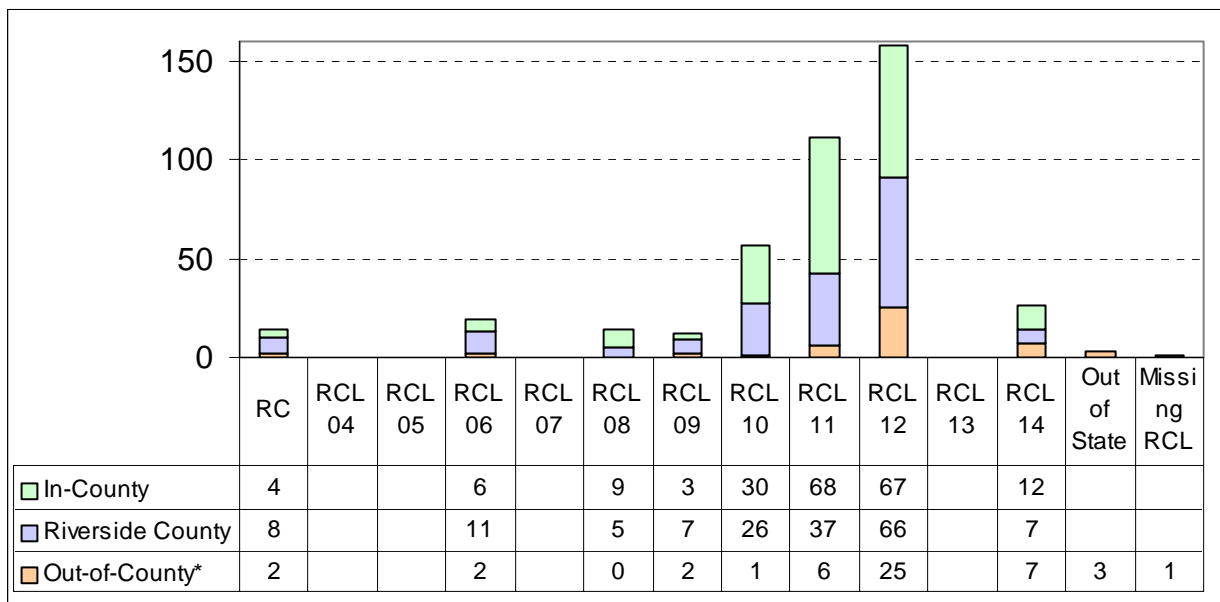
(Table 4-14) Numbers of San Bernardino Supervised Children Group Home Placement by Location and RCL

	DCS					DBH					Probation				
	Total	In-County		Riverside County		Total	In-County		Riverside County		Total	In-County		Riverside County	
RCL 04											2	2	100%		
RCL 05															
RCL 06	19	6	31.58%	11	57.89%										
RCL 07															
RCL 08	14	9	64.29%	5	35.71%						1				
RCL 09	12	3	25.00%	7	58.33%										
RCL 10	57	30	52.63%	26	45.61%						32	9	28.13%		
RCL 11	111	68	61.26%	37	33.33%						17	14	82.35%	3	17.65%
RCL 12	158	67	42.41%	66	41.77%	10	2	20.00%	5	50.00%	160	131	81.88%	23	14.38%
RCL 13	0					0									
RCL 14	26	12	46.15%	7	26.92%	11	1	9.09%	7	63.64%	1			1	100%
RC	14	4	28.57% ¹⁰	8	57.14%										
Out of State	3					24 ¹¹									
Missing	7	1		6		3	1		2						
Total	421	200		173		49	4		14		213	156		27	

RC = Regional Center Data Source: CWS/CMS and C-IV

(Graph 4-12) San Bernardino County DCS Supervised Children Group Home Placement by Location and RCL

* Out-of-County Placements excluding Riverside County Placements

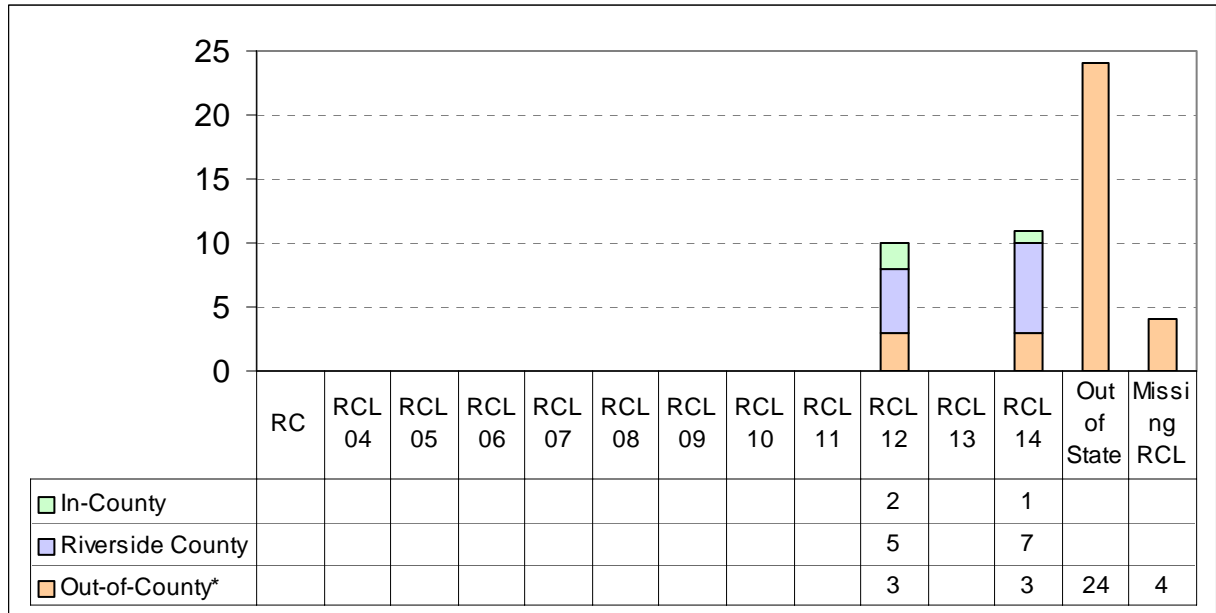


Data Source: CWS/CMS

¹⁰ The percentage indicates the proportion of the number of placements by location to the total number of placements in each RCL.

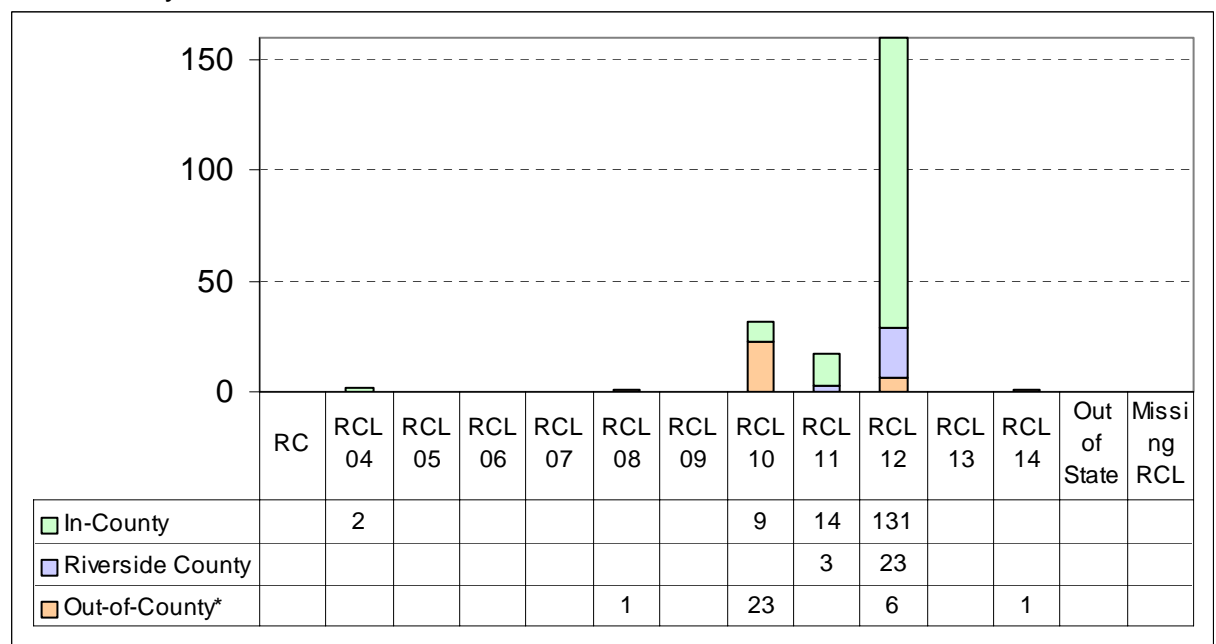
¹¹ Out of the total 49 placements, 48.98% (n = 24) of them were placed in group homes located outside of San Bernardino County. RCL is determined by the state of California; therefore, facilities located outside of California are not subject to the state's payment scale.

(Graph 4-13) San Bernardino County DBH Supervised Children Group Home Placement by Location and RCL



* Out-of-County Placements excluding Riverside County Placements
Data Source: C-IV

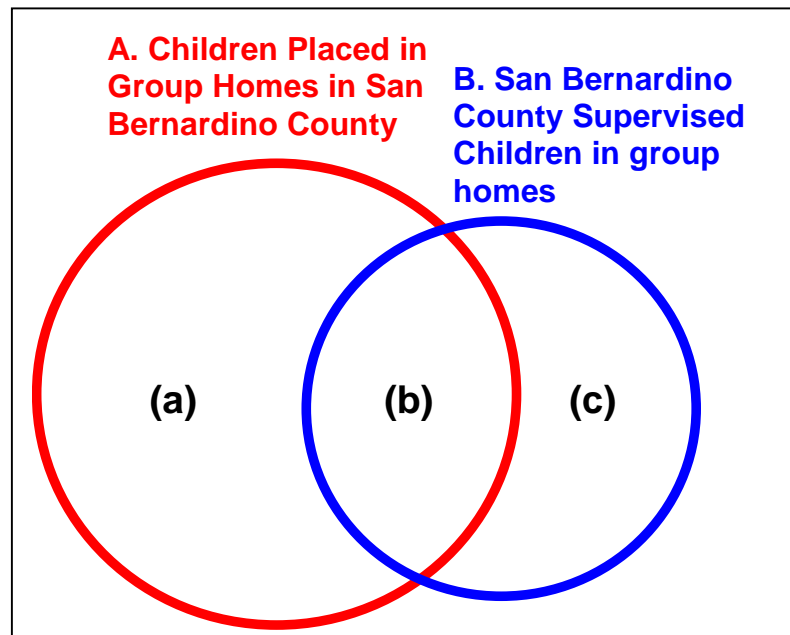
(Graph 4-14) San Bernardino County Probation Supervised Children Group Home Placements by Location and RCL



* Out-of-County Placements excluding Riverside County Placements
Data Source: C-IV

Group Home Placements from Other Counties (Foster Children)

Table 4-15 describes the number of group home children placed in San Bernardino and the proportion of San Bernardino County Supervised children among them. The following chart explains which letter indicates which population.



Circle A represents all children living in group homes in San Bernardino County regardless of the county placing the children. Just as the County of San Bernardino can place children into group homes outside of San Bernardino County, other counties can place children in group homes in San Bernardino County.

Circle B represents San Bernardino County supervised group home children. As previously state, this population was placed into group homes and supervised by San Bernardino placing departments. Therefore, their group home care expenses were paid through the County of San Bernardino.

Area (a) represents the population of group home children placed in San Bernardino County who were not supervised by the County. Area (b) represents the population of children who were San Bernardino County supervised children and placed in San Bernardino County. Area (c) represents, the population of children who were San Bernardino County supervised children placed in group homes outside of San Bernardino County.

449 child welfare supervised children lived in group homes located in San Bernardino County in July 2005. Among the 449 foster children, 246 children (54.79%) were San Bernardino County DCS supervised children. 45.21% (n = 203) of foster children living in group homes located in San Bernardino County came from other counties or states. The following were the top three counties that placed their children into group homes located in San Bernardino County in July 2005:

	Top Three County	Number of Foster Children
1.	Riverside	.....162
2.	Los Angeles	.....24
3.	Orange	.....11

San Bernardino County DCS placed 369 total foster children in group homes in July 2005. As previously mentioned among the 369 foster care children, 246 (66.67%) San Bernardino County DCS supervised children were placed in San Bernardino County, and 37.88% of San Bernardino County supervised children were placed outside of San Bernardino County.

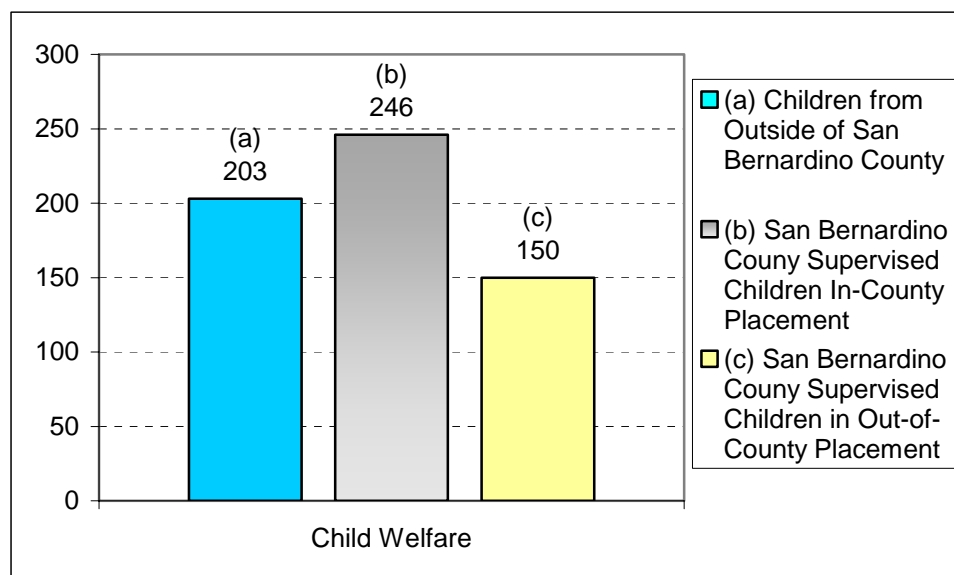
(Table 4-15) The Number of Child Welfare Supervised Children and Proportion of San Bernardino County Supervised Children

	Child Welfare Supervised Children	
A. Children Living in Group Homes Located in San Bernardino County	449	
B. San Bernardino County Supervised Children	396	
(a) Children from Outside of San Bernardino County	203	45.21% of A.
(b) San Bernardino County Supervised Children: In-County Placement	246	62.12% of B.
(c) San Bernardino County Supervised Children: Out-of-County Placement	150	37.88% of B.

Data Source: Needell, B., Webster, D., Armijo, M., Lee, S., Cuccaro-Alamin, S., Shaw, T., Dawson, W., Piccus, W., Magruder, J., Exel, M., Conley, A., Smith, J., Dunn, A., Frerer, K., & Putnam Hornstein, E., (2006). *Child Welfare Services Reports for California*. Retrieved [month day, year], from University of California at Berkeley Center for Social Services Research website. URL: <<http://cssr.berkeley.edu/CWSCMSreports/>>

Graph 4-15 describes the number of foster children placed in San Bernardino and the proportion of San Bernardino County Supervised children among them.

(Graph 4-15) The Number of Foster Children and Probation Minors Placed in San Bernardino County and Proportion of San Bernardino County Supervised Children



(a)+(c)= Children Living in Group Homes Located in San Bernardino County
(a)+(b)= San Bernardino County Supervised Children

4-3. Out-of-Home Care Abuse or Neglect Reports of Foster Children in Group Homes (2005)

Section 4-3 describes the number of out-of-home care child abuse or neglect reports.¹² One of the essential roles of residential care facilities is to provide a safe environment for children removed from their homes. However, some children have been further abused or neglected while in residential care facilities.

When someone witnesses or suspects child abuse or neglect, they report the incident to San Bernardino County DCS or law enforcement. After receiving child abuse or neglect referrals from reporters or law enforcement, DCS evaluates the referrals and conducts investigations when necessary.

Table 4-16 describes the number of out-of-care child abuse or neglect referrals reported to DCS and results of investigations during the past 15 months, from January 1st, 2005 to March 31st, 2006.

In 2005, there were a total of 735 children placed in group homes. Among the 735 children, 142 child abuse or neglect referrals were made for 113 children. 15.37% (n = 113) of the 735 children had one or more suspected child abuse or neglect incidents. Among the 142 child abuse or neglect referrals, 8.45 % (n = 12) were substantiated.

During the first quarter of the year 2006, 418 children¹³ resided in group homes. Among the 418 children, 31 child abuse or neglect referrals were made for 31 children. 7.41% (n = 31) of 418 children had one or two suspected child abuse or neglect incidents. Among the 31 child abuse or neglect referrals, 3 child abuse or neglect incidents were substantiated.

(Table 4-16) Foster child abuse or neglect referrals reported to DCS and results of investigations (January 1st, 2005 to March 31st, 2006)

Referral Year	Children in Group Homes	Referrals	Children with Referrals	Substantiated Referrals
2005	735	142	113	12
2006 (1st Quarter)	418	31	30	3

Data Source: CMS/CWS data extracted April 28, 2006

¹² This analysis is limited only to foster children placed into group homes by San Bernardino DCS.

¹³ Since not all children who were in group homes in 2005 left their group home, some of the 418 children who were in group homes in 2005 and 735 children who were in group homes in 2006 (1st Quarter) were duplicated.

4-4. Serious Incidents Report¹⁴

The County of San Bernardino requests Special Incidents Reports (SIRs) from the group home agencies under AB 2149, Health and Safety Code 1538.5 (e). The law came into effect on January 1, 2005. Under the law, the County of San Bernardino requires group homes facilities located in San Bernardino County to send reports to the County of San Bernardino Human Services Legislation and Research Unit (LRU) regarding incidents in which either San Bernardino County supervised or non-supervised children are involved if either local law enforcement or emergency services (i.e. Paramedics and Fire) were involved.

- The County of San Bernardino Human Services LRU received 890 SIRs from group home facilities located in San Bernardino County from January 1, 2005 to June 30, 2006.
- From the total SIRs (N=890), 82.81% (n = 737) involved calls to law enforcement.
- Among the 737 SIRs, either police officers or sheriff deputies physically responded to 83 of the group home facilities or 11.26% of the reports.

Table 4-17 indicates the number of SIRs by City. Group homes located in Rialto, Bloomington, and Chino Hills Cities reported the majority of serious incidents.

(Table 4-17) SIRs by the Cities

Facility Address (City)	Number of SIRs Reported to the County of San Bernardino	Number of SIRs Had Law Enforcement Called	Number of SIRs Police or Sheriff Physically Responded to Facilities	Number of Beds Available in the City ¹⁵
Hesperia	216	154	7	96 ¹⁶
Bloomington	209	141	17	55
Rialto	173	165	22	94
Chino Hills	170	166	1	162
Redlands	83	80	30	60
San Bernardino	24	22	4	102
Mentone	7	3	0	58
Upland	3	2	2	12
Yucaipa	3	3	0	120
Highland	1	1	0	18
Rancho Cucamonga	1	0	0	25
Total	890	737	83	802

¹⁴ Data Source for Serious Incidents Report is HS Legislation and Research Internal Tracking Database

¹⁵ Data Source: State of California, CWS/CMS Web Site: Group Home Provider List [03-14-06]

¹⁶ Lodgemaker Group Home has 96 beds in Hesperia City.

Table 4-18 describes the number of SIRs that involved San Bernardino County supervised children by city. Among the total 890 incidents, 472 incidents (53.03%) involved at least one San Bernardino County supervised child. Among the 472 incidents involved at least one San Bernardino County supervised children, 418 incidents (88.55%) had law enforcement called, and 46 incidents (9.74%) involved police or sheriff physically responded to Facilities.

(Table 4-18) SIRs Involving San Bernardino County Supervised Children by City

Facility Location (City)	Number of SIRs Reported to the County of San Bernardino	Number of SIRs Had Law Enforcement Called	Number of SIRs Police or Sheriff Physically Responded to Facilities	Number of Beds Available in the City ¹⁷
Bloomington	157	117	13	55
Chino Hills	15	15	1	162
Hesperia	140	139	7	96
Mentone	4	0	0	58
Redlands	47	45	12	60
Rialto	94	88	12	94
San Bernardino	12	12	1	102
Upland	1	0	0	12
Yucaipa	2	2	0	120
Total	472	418	46	

Table 4-19 indicates the number of incidents in which at least one San Bernardino supervised child was involved by placing department. From the 472 incidents, DCS supervised children were involved in 60.38% (n = 285) of the incidents, and Probation supervised children were involved in 36.44% (n = 172) of the incidents.

(Table 4-19)

Placing Department Supervising the Children	Number of Incidents, in which San Bernardino County Supervised Children were Involved	
DCS	285	(60.38%)
Probation	172	(36.44%)
DBH	2	(0.42%)
DCS & DBH	2	(0.42%)
No Department Identified	11	(2.33%)
Total	472	

¹⁷ Data Source: State of California, CWS/CMS Web Site: Group Home Provider List [03-14-06]
Children's Network Group Home Assessment (2006)

Table 4-20 indicates supervising counties of children who were involved in incidents. Besides San Bernardino County, Riverside County supervised children were involved in 16.18% (n = 144) of total incidents.

(Table 4-20)

Supervising County	Number of SIRs Reported to the County of San Bernardino ¹⁸	% of Total SIRs (n = 890)	Number of SIRs Had Law Enforcement Called	% of Total SIRs (n = 890)
San Bernardino	472	53.03%	418	46.97%
Riverside	144	16.18%	134	15.06%
Los Angeles	68	7.64%	54	6.07%
Orange	15	1.69%	14	1.57%
Other Counties	108	12.13%	80	8.99%
Unknown or Not Specified on SIR	88	9.89%	20	2.25%

Table 4-21 describes the types of incident. The most common incident was a child running away from the group home facility. From the 472 incidents in which San Bernardino supervised children were involved, 358 incidents were for a child running away.

(Table 4-21)

Reasons for SIR	Number of Incidents	Number of Incidents SB Supervised Children Involved	% of Incidents SB Supervised Children Involved ¹⁹
Accident (child broke arm, nose bleed, allergic reactions, etc.)	15	9	60.00%
Alleged Child Abuse	4	0	0.00%
Child ran away/AWOL	647	358	55.33%
Child and staff member had an altercation	36	21	58.33%
Fighting among group home minors	90	41	45.56%
Personal Rights violations	0	0	0.00%
Restraints	49	32	65.31%
School Related	7	6	85.71%
Sexually related	7	2	28.57%
Suicide Attempt (threat)	34	17	50.00%
Substance Abuse	13	10	76.92%
Other	183	99	54.10%
Total	1085	595	54.84%

¹⁸ Since some incidents involved more than one child supervised by different counties, the number does not add up to the total number of SIRs reported to the County of San Bernardino (N = 890).

¹⁹ The percentages do not add up to 100% since one SIR often included multiple types of incidents.

4-5. DCS Supervised Children Group Home Placement Request (2005)

Section 4-5 analyzes the number of group home placement requests from DCS social workers to the Central Placement Unit.

Central Placement Unit: Central Placement Unit (CPU) is a part of DCS. CPU is responsible for finding available out-of-home care facilities by responding to social worker requests. As determined by DCS policy, when social workers need to place a child in out-of-home care, they request that CPU find an appropriate out-of-home care facility for the child. Then, according to the CPU's search results, social workers contact the out-of-home care facility.

Multiple Group Home Placement Requests: Some children do not stay at the group home they were assigned to for various reasons, such as cultural or behavioral issues. For these children, social workers have to find an alternative group home after their first placement. Some children cannot acculturate themselves within a group home because of their ethnic background. In addition, group homes discharge some children because of their behavior. When a child needs to move from a group home to another out-of-home care residence, social workers have to submit a placement request to CPU. As children move from one group home to another, social workers have to submit the request to CPU every time. Multiple group home placements are not an ideal outcome for the children and may negatively influence the children's problems or issues.

Table 4-22 describes the number of group home requests made by social workers categorized by RCL. A higher number of requests indicates a high necessity for beds in that RCL. The majority of requests were for group homes in RCL10 or higher, and requests for group homes in RCL12 were 45.95% (n = 255) of the total requests in 2005.

(Table 4-22) Request for Group Home Placements by RCL

RCL	2005	2006 (Jan.1 to Apr. 21)
6	14	9
7	5	1
8	10	5
9	4	3
10	90	13
11	29	17
12	255	67
13	1	1
14	71	8
No RCL ²⁰	76	3
Total ²¹	555	127

Data Source: CPU Internal Tracking Database Matched up with CWS/CMS

Table 4-23 describes the number of multiple group home requests made between January 1st 2004 and April 21st 2006. During the two years and four months 584 children

²⁰ No RCL indicates that within CPU tracking data there was no RCL specified.

²¹ 3 requests were excluded from this analysis since they do not have a date.

resided in group homes. The majority of the children, 61.47% (n = 359), stayed in their first group home or were placed in less restrictive care. About 90% of the children stayed in less than four group homes.

(Table 4-23)

Requests Made since January 2004 to April 2006 per Child	Children with Requests since 1/1/2004 to 4/21/2006	
1	359	61.47%
2	115	19.69%
3	51	8.73%
4	17	2.91%
5	6	1.03%
6	3	0.51%
7	2	0.34%
Missing ²²	31	5.31%
Total	584	

Data Source: CPU Internal Tracking Database Matched up with CWS/CMS

4-6. Educational Outcome on Child Welfare Placements

Children in group homes have the same right to receive an education as children growing up with their family. Children in group homes go to city schools, county schools and private schools in group home facilities. Children who need special support because of a disability or behavioral issues can receive individualized educational programs.

- 588 DCS supervised children (80.00%)* were enrolled in public and private schools out of the 735 San Bernardino supervised children who were placed in group homes in 2005.
- 312 DCS supervised children (74. 64%)* were enrolled in schools out of the 418 San Bernardino supervised children who were placed in group homes in the first quarter of 2006.

* Due to the difficulty of obtaining educational outcome data from substitute care providers or parents, we are missing about 20% of children's school enrollment information.

Table 4-24 indicates the types of schools children in group homes attended in 2005. The majority of children in group homes, 81.63% (n = 480), attended public school.

(Table 4-24)

Types of School	Number of Children	
Public School	480	81.63%
Private School	63	10.71%
Home Study	39	6.63%
Independent Program	6	1.02%
Total	588	

Data Source: CWS/CMS

²² Could not identify how many requests were made for 31 children.

Table 4-25 indicates the number of children in group homes enrolled in IEP (Individualized Education Program)²³. In 2005, among the 480 children group home enrolled in public school, 47.92% (n = 230) also enrolled in IEP

(Table 4-25) DCS Supervised Children in Group Home Enrolled in IEP (Individualized Education Program)

	# of Children Enrolled in Public School	Enrollment in Any Active IEP	
2005	480	230	47.92%

Data Source: CWS/CMS

Table 4-26 describes the stability of children in school programs. For group home children, one of the obstacles to a stable education is the fact that they tend to move frequently due to placement changes. Among the 588 children in group homes enrolled in school in 2005, 31.63% transferred schools, and 2.38% (n = 14) stopped attending. However, 57.14% (n = 336) did not transfer from their first enrolled school, and 8.67% (n = 51) graduated from school or proceeded to advanced programs. 65.81% (n = 387) of the children had positive educational outcomes by remaining in the same school, graduating from school, or proceeding to advanced schools.

(Table 4-26) The Stability of DCS Supervised Children in School Programs

School Transfer Status	Number of Children	
No Transfer	336	57.14%
Graduated or proceeded to advanced school	51	8.67%
Transferred ²⁴	186	31.63%
Dropped out, expelled, or back to home schooled	14	2.38%
New school opened	1	0.17%
Total	588	

Data Source: CWS/CMS

²³ Individuals with Disabilities Education Act (IDEA) require IEP for children in public schools to receive special educational services.

²⁴ All reasons for transfer could not be identified. Some of the reasons were placement change, residence change or just a transfer.

4-7 Health Conditions and Usage of Psychotropic Medication by Child Welfare Placements

Section 4-7 describes the health conditions and dosage of psychotropic medication of these children.

Many DCS children in group home placements need intensive care, and they tend to have some sort of health condition. As of July 31, 2006, 351 children²⁵ were in group homes and 86.89% (n = 305)²⁶ had at least one health condition diagnosed by medical professionals. The health conditions of these children were grouped into four categories: children with substance abuse issues, mental health issues, and physical/congenital issues, and behavioral issues. The first three categories, substance abuse issues, mental health issues, and physical/congenital issues, are considered severe health conditions in our analysis. Table 4-27 describes which specific diagnoses belong to each category.

(Table 4-27) Health Conditions

Substance Abuse Condition	
Alcohol Abuse	Meth Lab Exposure
Drug Use	Prenatal Alcohol Exposure
Fetal Alcohol Syndrome	Prenatal Drug Exposure
Mental Health Condition	
Anorexia	Manic Depressive
Attention Deficit Disorder	Psych Hospitalization (Current/Past)
Attention Deficit Hyperactive Disorder	Psychotropic Medication Required
Autism	Schizophrenia
Battered Child Syndrome	Sets Fires
Drug Abuse (Previous Treatment for)	Suicidal (Discusses, Plans)
Emotional Disorder (DSM, Currnt Rev)	Suicidal (Has Attempted)
Hallucinates, Delusions/Bizarre Thgths	Suicidal (Self-Destructive Behavior)
Physical/Congenital Health Condition	
Prematurity	Visual Impairment
Seizure Disorder	Congenital Heart Disease
Sickle Cell	Down's Syndrome
Special Education Pupil, Certified	Encopresis
Kidney Disease, Chronic	Failure to Thrive
Deaf/Hearing Impairment	Diabetes
Neurological Impairment	Cerebral Palsy
Heart Murmur	Developmentally Disabled
Blind	Developmentally Delayed

²⁵ These 351 children have been in foster care 4.2 years on average with the range of 32 days to 16 years; also they have been placed in group homes 11 months on average with the range of 5 days to 9.5 years.

²⁶ The other 46 children may have some behavioral issues according to social workers' observation and assessments. However, this analysis includes children who have diagnosed issues by medical professionals.

Behavioral Condition	
Bedwetting / Enuresis	Manipulative of Adults
Bizarre Behavior Exhibited	Mood Swings (Frequent and/or Persistent)
Cruel or Mean to Others	Oth. Developmental/Functional Limitation
Cruel to Animals	Other Behavioral Condition
Damages/Destroys Property	Other Client Emotional Condition
Delinquent Behavior to get Drugs/Alcohol	Physically Assaults Peers/Adults
Demands Attention	Plays with Matches
Depressed and/or Withdrawn	Runs Away From Placement
Disobedient at Home	Screams More Than Usual for Age
Disobedient at School	Sexual Behavior Is Inappropriate
Does not Accept Authority	Sexual Perpetrator/Exploits Others
Does not Bond with Parental Figures	Sexual Victim
Does not Get Along with Other Children	Smoker
Fearful or Anxious	Speech Impairment
Gets into Fights	Temper Tantrums, is Volatile
High Risk/Delinquent/Anti-Social Acts	Verbally Threatens Peers/Adults
Hyperactive/Restless	Violent or Harmful Toward Self
Impulsive (Acts Without Thinking)	Worries Excessively/Preoccupied
Learning Disorder	

As of July 31, 2006, 305 children (86.89% of children in group home placements as of July 31, 2006) have a total of 638 diagnosed health conditions by medical professionals. Table 4-28 describes the type of diagnoses. Among the children in group homes as of July 31, 2006, 245 children had mental health conditions and 251 children had behavioral conditions.

(Table 4-28) DCS Supervised Children with Diagnosed Health Condition

Type of Health Conditions	Number of children with diagnosed health condition	% of children with diagnosed health issue among children with at least one diagnosed health issue (N = 305)
Substance Abuse Condition	21	6.89%
Physical/Congenital Health Condition	121	39.67%
Mental Health Condition	245	80.33%
Behavioral Condition	251	82.30%

Data Source: CWS/CMS

Table 4-29 describes how many health conditions the group home children had. The majority of children had only one health condition; however, 131 children (42.95%) had two conditions, 89 children (29.18%) had three conditions, and 8 children (2.62%) had four conditions.

(Table 4-29) Number of the Diagnosed Health Conditions (DCS Supervised Children)

Number of the Diagnosed Health Conditions	Number of Children	% of Children
One Condition	77	25.25%
Two Conditions	131	42.95%
Three Conditions	89	29.18%
Four Conditions	8	2.62%
Total	305	

Table 4-30 describes the number of group home children who were on psychotropic medication. Among the 305 children with at least one diagnosed health condition, 239 children (78.36%) were on psychotropic medication.

(Table 4-30) DCS Supervised Children Who Were on Psychotropic Medication²⁷

Health Issues	Number of children with diagnosed health condition	Number of children with health issues and on medication	% of children on medication among children with diagnoses health issues
Substance Abuse Condition	21	14	66.67%
Physical/Congenital Health Condition	121	96	79.34%
Mental Health Condition	245	217	88.57%
Behavioral Condition	251	221	88.05%

Tables 4-31 to 4-33 describe demographic characteristics of a total of 305 children who had at least one health condition. 63.93% (n = 195) were male and 36.07% (n = 110) were female. For both male and female, Whites were the highest population. Whites accounted for 43.08% (n = 84) of males, 44.55% (n = 49) of females, and 43.61% (n = 133) of the total children. For males, Hispanics were the second highest population. Hispanics accounted for 29.18% (n = 89) of the total children and 31.28% (n = 61) of males. For females, African Americans were the second highest population. African Americans accounted for 25.57% (n = 78) of the total children and 28.18% (n = 31) of females. Eleven to fifteen (11 – 15) years old children were the highest population. They accounted for 61.64% (n = 188) of the total children.

²⁷ Since some children have multiple conditions, number of children in each condition does not add up to 305.

(Table 4-31) Gender of DCS Supervised Children Who Had at Least One Diagnosed Health Condition

Male		Female		Total
195	63.93%	110	36.07%	305

(Table 4-32) Ethnicity of DCS Supervised Children Who Had At Least One Diagnosed Health Condition

Ethnicity	Male		Female		Total	
White	84	43.08%	49	44.55%	133	43.61%
African American	47	24.10%	31	28.18%	78	25.57%
Hispanic	61	31.28%	28	25.45%	89	29.18%
American Indian	3	1.54%	2	1.82%	5	1.64%
	195		110		305	

(Table 4-33) Age of DCS Supervised Children Who Had At Least One Diagnosed Health Condition

Age	Male		Female		Total	
0 - 5 years	2	1.03%			2	0.66%
6 - 10 years	25	12.82%	12	10.91%	37	12.13%
11 - 15 years	119	61.03%	69	62.73%	188	61.64%
16 - 18 years	49	25.13%	29	26.36%	78	25.57%
	195		110		305	

Tables 4-34 to 4-36 describe demographic characteristics of a total 239 children who had at least one health condition and were on psychotropic medications. 67.36% (n = 161) were male and 32.64% (n = 78) were female. For both male and female, Whites were the highest population. Whites accounted for 45.34% (n = 73) of males, 46.15% (n = 36) of females, and 45.61% (n = 109) of the total children. African Americans were the second highest population. African Americans accounted for 25.47% (n = 41) of males, 28.18% (n = 31) of females, and 24.69% (n = 59) of the total children. Eleven to fifteen (11 – 15) years old children were the highest population. They accounted for 64.44% (n = 154) of the total children.

(Table 4-34) Gender of DCS Supervised Children Who Had At Least One Diagnosed Health Condition and Were on Psychotropic Medications

Male		Female		Total
161	67.36%	78	32.64%	239

(Table 4-35) Ethnicity of DCS Supervised Children Who Had At Least One Diagnosed Health Condition and Were on Psychotropic Medications

Ethnicity	Male		Female		Total	
White	73	45.34%	36	46.15%	109	45.61%
African American	41	25.47%	18	23.08%	59	24.69%
Hispanic	44	27.33%	23	29.49%	67	28.03%
American Indian	3	1.86%	1	1.28%	4	1.67%
	161		78		239	

(Table 4-36) Age of DCS Supervised Children Who Had At Least One Diagnosed Health Condition and Were on Psychotropic Medications

Age	Male		Female		Total	
0 - 5 years	1	0.62%			1	0.42%
6 - 10 years	21	13.04%	6	7.69%	27	11.30%
11 - 15 years	101	62.73%	53	67.95%	154	64.44%
16 - 18 years	38	23.60%	19	24.36%	57	23.85%
	161		78		239	

Section 5. Group Home Provider Survey Results

5-1. Purpose of Group Home Provider Survey

The survey of group home provider is designed to capture information about providers' services for San Bernardino County supervised children. The following three components were assessed: providers' capacity of services, expansion plans, and satisfaction working with County placing departments. The results from previous years were compared for specific questions in order to identify a trend in responses.

5-2. Response Rates

On February 24, 2006, the Human Services Legislation and Research Unit sent surveys to 42 group home providers with 104 group home facilities in San Bernardino County and 43 group home providers with group home facilities in Riverside County. (see Appendices A and B for surveys) Group home providers were asked to return the survey by March 20, 2006. The Human Services Quality Services Support (QSS) Unit conducted follow-up telephone surveys with providers that failed to return completed surveys by April 31 2006.

Table 5-1 describes the response rates. By the March 20 deadline, about 26% of providers in San Bernardino and Riverside Counties returned their surveys. After QSS conducted the follow-up telephone calls, the final response rates were 78.57% (n = 33) for providers in San Bernardino County and 74.42% (n = 32) for providers in Riverside County.

(Table 5-1) Group Home Provider Survey Response Rate

	Total Surveys Sent	Response (March 20)		Response (April 31)		Final Response (June 14)	
		Number	%	Number	%	Number	%
San Bernardino	42	11	26.19%	16	38.10%	33	78.57%
Riverside	43	11	25.58%	16	37.21%	32	74.42%

5-3. Highlight of Results

Group Home Providers in the San Bernardino County

(Capacity of facility and services)

- Out of 42 group home providers in San Bernardino County, a total of 33 group home providers with 74 facilities and 876 beds participated in this survey.
- Among the 33 providers, 31 providers with 70 facilities and 760 beds accepted placements referred by the County placing departments. Also, 30 providers with 67 facilities and 834 beds accepted placements referred by other counties, and 20 providers with 30 facilities and 584 beds had contracts with other counties.
- The number of beds for DBH supervised children was relatively low compared to beds for DCS and Probation supervised children.
- The number of group homes providing non-public school, TBS (therapeutic behavior services), or dual diagnosis services was relatively low compared to other services, such as case management or medication services.
- In San Bernardino County, the number of beds for diabetic children, fire setters, frequently hospitalized children (medically fragile), medically fragile infants, non-ambulatory children, pregnant or parenting teens, and young children (age 0 to 6) was considerably low. Specifically, there were no group home facilities serving medically fragile infants, non-ambulatory children and young children (age 0 to 6).

(Expansion Plan)

- If the moratorium was lifted, 24 providers would like to expand to 46 additional facilities with additional 503 beds in San Bernardino County.
- Three group home providers would like to start serving young children (age 0 to 6). Among the group homes that replied to the surveys, however, no group home provider was planning to serve non-ambulatory children and medically fragile infants.

(Quality of Services)

- Twenty-nine group home providers were willing to accept children who are on psychotropic drugs. Among them, 15 providers had a child psychiatrist on their staff. Therefore, about half of the group homes serving children on psychotropic drugs depended on an outside psychiatrist.
- Most of the group home providers had discharge planning for planned release (31 providers) and emergency release (26 providers).
- Thirteen providers kept outcome data when children were returned home. Only three providers were willing to share the outcome data with the County.
 - Group home providers claimed that there were a total of 743 incidents in three months (Nov. 2005 to Jan. 2006). The major incidents were Restraints (175 incidents), Fighting (171 incidents), Child Ran Away (121 incidents), and School Related Incidents (108 incidents).
 - There were 23 requests from group home providers to the County placing departments to remove children from their facility and 18 of them were emergency removals in the last 3 months.
 - Six group home providers had more than 12 substantiated CCL complaints in the last three months.
 - In the last three months, group homes asked the police to respond to their facility about 64 times due to children's AWOL behavior.

- Thirty-one group home providers indicated that they provided daily living skills activities for children age 6-15.

(Satisfaction)

- Among the 32 providers, 19 providers perceived the RCL payment structure as a barrier to providing quality care. Major complaints were that the RCL payment was not enough to provide care and hire quality employees.
- Group home providers perceive that the working relationship between group homes and the County of San Bernardino placing departments was good in general.
- The following are the major areas where group home providers would like San Bernardino County placing departments to improve.
 - Quality and quantity of children's information at the time of placements
 - Timeliness of communication with social workers or probation officers (Providers' complaints were that they cannot reach social workers when they needed to.)
 - Feedback concerning the services of group homes (Providers would like the placing departments to provide constructive feedback.)

Group Home Providers in Riverside County

(Capacity of facility and services)

- A total of 32 providers with 74 facilities and 671 beds participated in this survey.
- Among the 32 providers, 29 providers with 71 facilities with 663 beds accepted placements referred by San Bernardino County placing departments.
- The number of group home providers that provided intensive day treatment and TBS was relatively low compared with case management or medication services.
- In Riverside County the number of frequently hospitalized children (medically fragile), medically fragile infants, non-ambulatory children, pregnant or parenting teens, and young children (age 0 to 6) was considerably low.

(Expansion Plan)

- If the moratorium was lifted, 24 providers would like to expand to 19 additional facilities with additional 231 beds within San Bernardino County.

(Quality of Services)

- Thirty group home providers were willing to take children who were on psychotropic drugs. Among them, 17 providers had a child psychiatrist on their staff. About half of the group homes serving to children on psychotropic drugs depended on outside psychiatrists.
- Most group home providers have discharge planning for planned release (29 providers) and emergency release (24 providers).
- 26 group home providers indicated that they provide daily living skills activities for children age 6-15.
- Out of 32 providers, 26 providers keep outcome data when children return home. Only 5 providers are willing to share the outcome data with San Bernardino County.
- There were 15 requests from group home providers to San Bernardino County placing departments to remove children from their facility and 18 of them were emergency removals.
- Eight group home providers had a total more than 12 substantiated CCL complaints in the last 3 months.

- In the last 3 months, group homes asked police to respond to their facility approximately 64 times due to children's AWOL behavior.

(Satisfaction)

- Among the 32 providers, 10 providers perceive the RCL payment structure as a barrier to providing quality care. According to the comments from providers, the major complaint is that the RCL pay rate has remained the same for the last 5 years regardless of the economy. Also, quality of care cannot be defined by points.
- Group home providers perceived that the working relationship between group homes and San Bernardino County placing departments is good in general.
- The following are the areas where group home providers would like San Bernardino County to improve:
 - Quality and quantity of children's information at the time of placements
 - Timeliness of communication with social workers or probation officers (Providers complained that they cannot reach social workers when needed.)

5-4. San Bernardino County Group Home Provider Survey Results

SB1. Do you accept County of San Bernardino placements?

	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Yes	31	70	760
No	2	4	116

- The two group home providers that did not accept San Bernardino supervised children indicated that they were willing to accept them.

SB 2. Do you accept placements from outside San Bernardino County?

	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Yes	30	67	834
No	3	7	42

SB 2(a) If yes, do you have a contract with other counties?

In San Bernardino County, there were 20 group home providers with 50 facilities and 584 beds contracting with other counties. The table below indicates the counties which San Bernardino County group home providers contracted with.

Counties with Contracts	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Los Angeles County	6	13	225
Los Angeles and Riverside Counties	3	5	30
Orange County	2	3	18
Orange and Riverside Counties	1	3	17
Riverside County	3	9	54
Out of state	1	1	6
Not Specified	4	16	234
Total	20	50	584

SB 3. What type of placements do you take? (Please check all that apply.)*

	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
DCS	30	67	603
Probation	20	52	698
DBH	15	43	358
Private Placement	12	23	342
Inland Regional Center	2	5	49

SB 4. What services do you currently provide? (Please check all that apply.)*

Services	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Mental Health Services	29	69	754
Case management	28	67	834
Medication Services	28	66	829
Intensive Day Treatment	6	22	362
Non-Public School	11	27	299
TBS ¹	4	14	113
Dual Diagnosis	9	31	240
Crisis Intervention	16	42	497
Other (Specified below)	12		

- Learning disabilities
- Special dietary needs
- Parenting
- Sexual assault; behavioral management
- Sexual offenders
- Siblings
- Social Activities
- LCSW (Licensed Clinical Social Worker) Therapy
- Sports
- Substance abuse education and counseling
- Transitional housing
- Utilized Medical Clinic
- Vocational training
- Wilderness Program
- On-grounds, WASC (Western Association of Schools and Colleges) accredited public high school

* Since group home providers choose multiple alternatives, total numbers do not add.

¹ Therapeutic Behavioral Services

SB 5. What populations do you currently provide treatments for?
(Please check all boxes that apply.)*

Population	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Attachment Disorder	21	47	575
Assaultive / Homicidal	10	32	261
Diabetic requires RN	2	2	12
Children 18 and older	5	13	265
Dual Diagnosis - Developmental	13	38	403
Eating Disorders	15	26	296
Emancipation Program	23	53	704
Enuresis/Encopresis	11	21	208
Female placements	10	25	270
Fire-setters	3	14	99
Frequent AWOLS	23	49	587
Frequent Hospitalization (mental health)	10	31	236
Frequent Hospitalization (medically fragile)	4	15	89
Gang Involvement - criminally active	14	38	615
Gay & Lesbian Youth	8	15	217
Gender Identity Issues	12	25	250
History of property destruction	25	54	756
IEP (Individualized Education Plan) issues	29	67	804
Medically Fragile Infants	0	0	0
Multiple Failed Placements	28	61	798
Non-ambulatory	0	0	0
Pregnant/Parenting Teens	2	4	35
Psychotic	19	49	393
Requires intensive psychiatric management	6	11	118
Sibling placements	22	42	594
Severe Behavioral Problems/Conduct disorders	24	58	781
Sexual Aggression/Predators	8	28	223
Sexually Acting Out	15	43	357
Substance Abuse	18	44	650
Self Mutilation	14	36	479
Suicidal/Severely depressed	12	35	352
Young Children (6 and younger)	0	0	0

* Since group home providers choose multiple alternatives, total numbers do not add up.

SB 5 b. If the San Bernardino County moratorium on approval letters of support for expansion was lifted, would you like to add treatment for other populations?

	Number of Group Home Providers
Yes	8
No	25

Eight providers would like to add new treatment for the following children,

Services	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Attachment Disorder	3	17	101
Assaultive / Homicidal	0	0	0
Diabetic requires RN	3	6	36
Children 18 and older	4	6	36
Dual Diagnosis - Developmental	3	7	42
Eating Disorders	0	0	0
Emancipation Program	4	7	42
Enuresis/Encopresis	0	0	0
Female placements	2	4	60
Fire-setters	1	3	18
Frequent AWOLS	1	3	18
Frequent Hospitalization (mental health)	2	4	126
Frequent Hospitalization (medically fragile)	1	1	6
Gang Involvement - criminally active	1	2	12
Gay & Lesbian Youth	1	1	6
Gender Identity Issues	2	4	24
History of property destruction	1	3	18
IEP (Individualized Education Plan) issues	1	1	6
Medically Fragile Infants	0	0	0
Multiple Failed Placements	2	4	24
Non-ambulatory	0	0	0
Pregnant/Parenting Teens	2	4	24
Psychotic	2	4	24
Requires intensive psychiatric management	1	1	138
Sibling placements	1	2	12
Severe Behavioral Problems/Conduct disorders	1	3	18
Sexual Aggression/Predators	0	0	0
Sexually Acting Out	2	2	12
Substance Abuse	1	1	6
Self Mutilation	1	1	6
Suicidal/Severely depressed	0	0	0
Young Children (6 and younger)	3	7	42

SB 6. How many bed vacancies do you have today?
(Please total the vacancies if you have more than one facility.)

Group Home Name	DCS	Probation	DBH
Knotts Group Home	17		
Downs & Martin	6		
First Church/Nazarene-Children's Hope	6		
Ettie Lee Homes	3	2	
Sojourners Haven Group Home/Ebene Femme	3		
Total Community Dev/The Men Builders	2		
Berhe Group Home	2		
M & R Group Home	1	1	
Victor Treatment Centers	1		
Active community Treatment Systems (ACTS)	1		
Hillview Acres	1		
Luvlee's Residential - Tro-ra	1		
Maxie Wright Boys Center	1		
Outreach Youth Center	1		
Boys Republic		18	
Silver Lake Ent		12	6
Camry GH/Lachelle & Selene		3	3
Lodge Makers of California/Fred D. Jones Youth Center		2	
East Valley Charlee			2
Total	46	38	11

SB 7. When you have a vacancy, how do you communicate this information to the County of San Bernardino?

Method of Communication	Number of Group Home Providers
E-mail the Institutional & Group Home Coordinator	12
Call the Institutional & Group Home Coordinator	11
Call the agencies and placement workers	13
Call the Central Placing Unit placing workers	18

Other methods that providers specified:

- FAX
- E-mail CPU

SB 8. How quickly do vacancies get filled?

Time period until vacancies get filled	Number of Group Home Providers
Immediately (within 24 hours)	7
1 to 2 days	11
3 to 7 days	11
More than a week	13

Expansion Questions

SB 9. If the San Bernardino County moratorium on approving letters of support for expansion was lifted, would you like to expand into San Bernardino County?

	Number of Group Home Providers
Yes	24
No	9

Of the 24 group home providers, 20 providers indicated that they would like to expand their business by increasing beds. The following table describes potential expansion by number of beds per RCL.

Beds to be expanded per facility	Number of facilities that are willing to increase beds by RCL						Total number of group home facilities willing to increase beds	Total number of beds to be expanded
	RCL 6	RCL 9	RCL 10	RCL 11	RCL 12	Missing		
6 Beds			1	6	10		17	102
12 Beds	7		4	5	9		25	300
15 Beds						1	1	15
16 Beds		1					1	16
20 Beds				2			2	40
30 Beds					1		1	30

Only five group home providers specified which area of San Bernardino County they would like to expand their facilities. The table below describes the locations where group home providers would like to expand their facilities.

Location	Number of Group Home Providers
Location Not Specified	16
Eastern Valley, High Valley	1
High Desert, Low Desert, West Valley, Eastern Valley	1
Eastern Valley	2
High Desert	1

Of the 24 group home providers, 15 providers indicated that they would like to expand their business by serving a new population.

New Population	Number of Group Home Providers
DCS	4
Probation	1
DBH	2
Other (Specified below)	3

- Foster youth aging out of foster care (parenting teens & their children)
- Medically fragile
- THPP (Transitional Housing Placement Program)

Of the 33 group home providers, six group homes were planning to expand their facilities outside of San Bernardino County.

	Number of Group Home Providers
Yes	6
No	27

Service Questions

SB 10. What types of children do you currently **not** accept?

Children Not Accepted by Group Homes	# of providers	%
Fire-setters/Arsonist	13	45%
Sexual Predators/Aggressors	7	24%
Gang Involvement (Criminal, Drugs)	5	17%
Suicidal	5	17%
Medically Fragile	4	14%
Pregnant	2	7%
Non-ambulatory	2	7%
Violent/Physical Aggression/Homicidal	2	7%
Substance Abuse	2	7%
Frequent AWOL	2	7%
Females	1	3%
Gay and Lesbian	1	3%
HIV Positive Children	1	3%

SB 11. What is the average length of your program?

Length of program	Number of Group Home Providers
1 - 6 months	3
7 - 12 months	11
13 - 18 months	7
19 - 24 months	3
25 - 32 months	0
33 - 38 months	6
Long term	1

SB 12. What is your response when a placing worker says the child is to be placed for less than the length of your program?

Response	Number of Group Home Providers
Accept the child anyway	26
Refuse to accept placements from agencies that limit time frames for placement	1
Not applicable	3

SB 13. Do you take children who are on psychotropic drugs?

	Number of Group Home Providers
Yes	29
No	4

Among the 29 providers who accepted children on psychotropic drugs, 15 providers replied that they had a child psychiatrist on their staff.

The following list describes how the rest of the 13 providers obtain psychiatric services.

- Contact outpatient psychiatric services to come to the facility
- Contract through Medi-Cal
- County services
- Upland Counseling Center
- Use services provided by local psychiatrist and when necessary psychiatric facility
- We transport minor to a psychiatrist

SB 14. What types of family reunification services do you/will you offer to the child's parent(s) and how do you promote these services?

Category	Providers' Answers
Family Session	Bi-monthly family sessions
Counseling	Family counseling
	Family counseling with agency master level social worker - our agency promotes family reunification from the beginning of their program.
	Family reunification counseling offered in English and in Spanish. Parents must participate for the child to be eligible for off-ground passes.
	Individual and group counseling with our contracted LCSWs (Licensed Clinical Social Worker)
	MFCC (Marriage, Family, and Child Counselor) provides counseling to the parents before a child is reunified. The MFCC counsels both parents and a child with specific goals and objectives. After reunification, we provide continual after care monitoring for 6 months to 1 year.
	Other family counseling without LCSWs' treatment visit
Therapy	Family therapy - family resources
	Family therapy by staff MFT(Marriage and Family Therapist) or LCSW
	Our professional staff/licensed LCSW provide family therapy or parenting class 2 hours per month
	Family therapy, transportation, and supports
Family Visitation	Weekly client home visits
	We provide transportation for visitation
	Weekly visits in or outside the group home as approved by the court
Family Involvement	Case management with parents
	Home passes, family meetings
	Parents work with us in controlling behavior problems so that child may return home.
	We make every effort to involve families.
	We work through SW as well as a mutual site to work with plan and parent. Weekend visits and monitor behavior w/communicate with parents.
After Reunification Care	Aftercare
Class & Programs	Parenting classes
	MFT family reunification classes
	We have a family advocacy support program
	Multi-family group once a month
	Individual group sessions weekly
	Anger management and substance abuse groups

Other	On-site apartments
	Our goal is to reunite youth with their family. We out source our family reunification services through group home support services.
	Parents meet with social workers on reunification.
	Social workers do family reunification 3-4 years before leaving the agency. Family treatments will be done continuously while in program.

SB15. What type of school do your children attend?

Types of School	Number of Group Home Providers	Number of Group Home Facilities
Public School	28	53
Non-public School	24	50

Other schools that providers specified:

- Community schools
- Home schooling
- Independent studies
- On-grounds one-on-one teaching through Redlands Unified School District

SB 16. Do you have discharge planning for planned releases?

	Number of Group Home Providers
Yes	31
No	1

SB 17. Do you have discharge planning for emergency releases?

	Number of Group Home Providers
Yes	26
No	7

SB 18. Do you provide Independent Living Skills or emancipation services to 16-19 year olds?

	Number of Group Home Providers
Yes	29
No	4

SB 19. Do you provide age appropriate daily living skills activities for children age 6-15?

	Number of Group Home Providers
Yes	31
No	2

A list of daily living skills activities specified by group home providers

Category	Providers' Answers
Sporting Events	Intramural sports
	Educational and sports programs
	Library, bowling, skating
Life Books	Life books.
	To develop a portfolio for life book
Job Training	Newspaper search for job openings
	Cottage and campus jobs
	Paid work programs
	Mock interviews
Daily chores and more	All residents attend independent living skills classes. All must complete daily living skills activities and chores.
	Children are taught to cook, to complete chores, to take responsibility for hygiene and to work with others appropriately
	Children engage in chores and other age-appropriate elective work opportunities
	Cooking, cleaning, meal planning
	It is part of our program. The child is taught grooming, cooking, cleaning, and laundry.
	Minors are trained to cook and shop.
	Staff and therapist assist with teaching clients to cook, sew and clean
	Very detailed program that teaches laundry, chores, cooking, public transportation, volunteer jobs, and employment
	We make sure that after school they have a schedule for TV, fun, homework time. On weekends they have sports and church services.
	Youth assist in preparing meals. They are assigned daily and weekly chores, receive instruction in maintaining their personal hygiene, and also receive instructions in money management.
Accounting	Budgets, bank accounts
	Allowances managing money games
Socialization	Community involvement, tutoring
	Team work
	Daily living skills coaching from childcare workers. When it became teachable moments, we try to build adult-child relationship by conducting parent-child interchange.
Activities	Activities program
	Planned outings
	Daily outing & activities, scrapbooking, tutoring
	In-door activities: therapeutic, educational and intellectually stimulating
	Example: Scrabble, cards, Nintendo & other video games, computer, games, puzzles, and ping-pong

Other	Housekeeping chores, games, sports, computers, and age appropriate learning tools
	ILS (Independent Living Skills) classes are held on-grounds and off-grounds
	As part of needs & services plan, all clients have primary counselors assisting in daily living skills & rehabilitative efforts

SB 20. Do you keep outcome data on the children/youths in your program, their recidivism rates, and/or permanency rates once the child returns home?

	Number of Group Home Providers
Yes	13
No	20

- Ten group home providers answered “Yes” to the question which asked if they were willing to share their outcome results.

SB 21. How many of the following incidents did you have in the last 3 months? (Nov 2005 to Jan 2006)?

	Group Home Providers	Number of Incidents
Restraints	10	175
Personal Rights Violation	2	10
Accident	6	38
Fighting (among minors)	16	171
Child ran away	22	121
Staff and Child Altercation	2	9
Alcohol or Other Drugs	10	16
Child Abuse Allegation	4	4
School Related Incident	25	108
Sexual Related Incident	3	12
Suicidal Related Incident	4	8
Medical treatment needed	16	68
Other:		
Colds	1	1
Pregnancy	1	1
Stomach Ailments	1	1

SB 22. How many times in the last 3 months did you request the placing San Bernardino County agency to remove a child from your facility?

Number of Children Removed	Number of Group Home Providers
4	2 (1)
2	5 (5)
1	5 (4)
0	22

- Numbers in parentheses indicate the number of emergency removals without 7 days notice

SB 23. Do you keep records about neighbors' complaints about group home residents?

	Number of Group Home Providers
Yes	32
Not Applicable (No Close Neighbors)	1

SB 24. How many substantiated CCL complaints have you had in the last 3 months? (Please total if more than one facility).

Number of CCL Complaints	Group Home Providers
0	27
1	4
3	1
5 or more	1

SB 25. How many times have you had to ask the police to respond to your facility due to minors' running away in the last 3 months?

Number of Police Calls	Group Home Providers
0	10
1	7
2	6
3	1
4	3
5 or more	6

SB 26. How many times have you had to ask the police to respond to your facility for other than a runaway incident in the last 3 months?

Number of Police Attendance	Group Home Providers
0	21
1	5
2	2
3	3
5 or more	2

SB 27. How many times have you had to ask the fire department or paramedics to respond to your facility for other than runaways in the last 3 months?

Number of Fire Department Attendance	Group Home Providers
0	29
1	3
3	1

SB 28. Do you send every incident report on San Bernardino County supervised children to our Institutional and Group Home Coordinator?

	Number of Group Home Providers
Yes	15
No	18

- Group home providers recognized that they had to send the incident reports to CCL and social workers, but it was not well recognized that they also had to send the reports to a group home coordinator and the HS Legislation & Research Unit.

SB 29. Do you find some CCL licensing regulations to be a barrier to provision of quality of care?

	Number of Group Home Providers
Yes	8
No	25

Comments from group home providers:

- Licensing workers frequently come to facility, and each one wants you to do things different. These are not Title 22 requirements.
- The regulation prevents our children to spend unsupervised time in community.
- Most of the problems are that regulations are formulated for a 6 beds group home and the subjective application of their regulations.
- Require too high staffing ratio. Becomes a financial hardship for the agency. RCL 12 foster ratio does not cover expenses required by CCL.
- We had to disconnect intercom signal used to communicate with clients on second floor.

SB 30. Do you find the RCL payment structure to be a barrier to providing quality care?

	Number of Group Home Providers
Yes	19
No	14

Comments from group home providers:

- The structure does not cover costs.
- The payment hasn't had an increase in rate for 6 years.
- No rate increase for over 4 years
- Rate per child - no Cost of living adjustment increase for several years
- Weighted hours
- Forced to hire "experienced" & "educated" staff rather than the "best" choice to meet points. Also, it is difficult to keep highly educated staff due to low pay.
- Qualified employees are hard to find in San Bernardino County.
- Huge issue.
- It is a poor way to govern the care for children. Group homes in low level RCL provide the same services as group homes in RCL 10, 11, or 12.
- RCL 10 facilities care for mostly RCL 12 children. It's almost impossible to hire someone for less than \$9/hr.
- We service level 12 kids. We are paid for level 10, because we have not been able to get a support letter from host county (SB)

SB 31. What current problems or concerns do you have regarding accepting San Bernardino County placements?

Category	Providers' Answers
Children's information	Incomplete histories and misdiagnosed clients Sometimes not receiving "all" the information on the placing child We take emergency placements, but the problem is not enough information on child. Social workers do not give us proper information in a timely manner. What will happen if the child has medical problems. They need immediate follow-up.
Evaluation of outcomes	They do not credit our services if children leave group homes in the middle of semester.
Inappropriate placement	Recent calls for placement The approval of court orders is slow This agency is not generally ready to accept emergency placements When it is obvious we are not the appropriate placement, the child is sent to us anyway
Support from workers	Lack of social worker visits and support Quality of supervision and paperwork requirements vary inconsistently from social worker to social worker, so it is very confusing
Other	Our agency would like a larger, more diverse selection

SB 32. Do you have training needs?

	Number of Group Home Providers
Yes	14
No	19

Comments from group home providers:

- We use outside training requirements
- We can always use upgrade training
- Treatment related issues and staff issues
- Behavior modification
- Medication
- More Gang Awareness (Martin from Probation is outstanding).
- Please describe how to deal with the inconsistencies of San Bernardino County
- Updates regarding the county and state policy update or/changes
- Additional training would be helpful
- Understanding of working with our children
- Incident report writing

SB 33. How does your facility manage a crisis concerning a child?

- 1) Steps are taken to de-escalate situation; 2) Resident is separated from other residents to aid in de-escalation. If resident is at risk of causing harm to himself or others, is transported to local psychiatric facility.
- Follow the Title 22 guidelines to do things in the best interest of the clients
- Counseling, point system/level system, therapy
- Effectively utilize staff and peer resources to intervene, de-escalate and assess the situation for safety factors and necessary provisions
- Follow CCL, Probation & our agency policy and protocol
- Follow our emergency intervention plan and work with county workers
- Have on-site "emergency crisis manual"
- In-house therapists, crisis team, law enforcement, treatment team
- Multi discipline approach
- Stabilize child, write SIR, contact all pertinent people
- Use DBH crisis team
- There is an emergency intervention plan that outlines circumstances that may require emergency intervention starting with the least restrictive to more restrictive techniques to prevent a child from harming self or others
- We gather our clinical team and discuss ways of better serving the client. Client is then given baby-step goals, to accomplish treatment
- We have a "PIC" team (Prevention, Intervention & Crisis) - The team will meet along with the social workers, probation officers, and the child as an intervention process.
- We have a MSW on-call 24/7 to manage crisis
- Follow the Trinity-Norco regulations

Relationship with San Bernardino County

SB 34. Would you be willing to accept different types of children if your received Medi-Cal/EPSTD funding for allowable services?

	Number of Group Home Providers
Yes	22
No	11

Comments from group home providers:

- As approved by Department of Behavioral Health
- Mental Health
- For multiple placement failures and difficult minors
- Nursing for medical needs and/or one-on-one intervention for children with severe mental health needs
- We are open to consideration of various issues or problems
- For transition youth
- Whatever the county has a specific needs for
- When the service is appropriate

SB 35. Would you be interested in applying for TBS for eligible children through San Bernardino County Behavioral Health?

	Number of Group Home Providers
Yes	26
No	7

Comments from group home providers:

- Behavior modification plans before child is removed from home
- For children who are in danger of higher placements or multiple incidents
- I have requested and gotten service approved. The child refused to sign. Services were not rendered based on the child not signing.
- If needed, we have used these services in the past through LA County
- If the TBS worker(s) are employed by our agency
- No, I believe the program needs work - the staff should be competent enough to provide.
- Our license therapists are contracted through Behavioral Health

SB 36. Would you be interested in responding to a future RFP to create an RCL 12 or higher GH with a treatment program for transitional youths age 16 to 19 to help them transition from FC to adult programs?

	Number of Group Home Providers
Yes	24
No	9

SB 37. What type of support services would you like to receive from the County of San Bernardino?

Services	Number of Group Home Providers
Training by County	20
Mental Health Funding	24
Wrap Around	16
Regulation/Policy Change	26
Frequent Communication	18
Child Information	23

Comments from group home providers:

- Need to provide consistency across the board

SB 38. Do you have any concerns about your working relationship with San Bernardino County agencies or staff?

	Number of Group Home Providers
Yes	10
No	23

Comments from group home providers:

- Concern is not related to the competency or response of specific workers; but to the county's lack of appropriate dependency housing.
- Many times they reacted to inaccurate information. The probation officers we have at present are outstanding: in the past this could not be said.
- Not consistent in visits
- Probation Department
- The only thing that I worry about is keeping our beds full. Because we only have an opening every year or two, your placement is not as familiar with us. I do not know of a solution, maybe a rating scale from county workers on the quality of service.
- They are doing much better at communication
- Very inconsistent in "standard of care" issues, monthly visits, return of calls, etc
- We have been providing service to the county for over 16 years and we have gone from 100% occupancy to 20% for the last five years. I am not sure the referral rate has been so low.

SB 39. What has been your experience with the following San Bernardino County workers?

If you do not have any contact with them please mark **No Experience**. Otherwise, please provide your comments about our services.

(a) Department of Children's Services Social Workers

	Number of Group Home Providers
No Experience	4

Comments Department of Children's Services Social Workers

Category	Providers' Answers
Positive Comments	About half are truly committed and visit consistently
	All social workers that we have dealt with have worked with our facility & the kids to resolve the issues
	Good experience with most social workers
	Great in responding to concerns
	Professional and supportive
	Really good relationships my all workers. I think that they all would recommend our program.
Suggestions	Workers need to familiarize themselves more with treatment program
	Lack of response at time. Getting things in writing and length of time it takes to get a return phone call.
	Need to be more involved with the clients placed at our facilities
	Our attempts as an agency is to see social workers as "Partners", however, not all social workers have this same mentality - sometimes they act more like "policing", rather than jointly working on same goals and outcomes for the placing child.
	Would like to have more support from social workers when a resident is in crisis
	Requests for information about child in facility and that information were used against the facility
	Very inconsistent, varies from social worker to social worker

(b) Department of Children's Services Central Placing Unit workers

	Number of Group Home Providers
No Experience	6

Comments Department of Children's Services Central Placing Unit workers

Category	Providers' Answers
Positive Comments	All have been very professional & responsive
	Excellent response for placement or no placement
	Experience has been a positive one
	Good communication
	Good working experience
	Our relationships with placing unit workers have always been positive - we believe they try to fit client to best-fit placement.
	Satisfied
	So far no complaints other than they do not know me well because of the limited amount of placement
	Very nice and friendly - great to work with
Suggestions	Little contact in the past-when there was contact it was very professional and competent
	Need complete history on kids upon placement w/shot records and basic information
	Very little experience

(c) Institutional & Group Home Coordinator

	Number of Group Home Providers
No Experience	14

Comments for Institutional & Group Home Coordinator

Category	Providers' Answers
Positive Comments	No problems
	She has always been responsive
	She is outstanding
	She thinks she works too much with medically fragile and does not have time for the group homes but she is nice just overworked
	She's great and supportive
	She has been very responsive. She welcomed meeting with us to discuss our programs.
	Very good communication and informative
	Very happy. I know she will always call me back.
Suggestions	There is difficult time reaching
	Very limited interaction

(d) Department of Behavioral Health Social Workers

	Number of Group Home Providers
No Experience	22

Comments for Department of Behavioral Health Social Workers

Category	Providers' Answers
Positive Comments	Good experience
	Have gotten better
	No problems
Suggestions	Workers - very good; management - not so good.

e) Probation Officers

	Number of Group Home Providers
No Experience	19

Comments for Probation Officers

Category	Providers' Answers
Positive Comments	Current probation officers are excellent
	Doing better
	Good working experience
	No problems
	Our experience has been positive and productive
	Relationships to PO's usually are positive
	Very positive
Suggestion	Hard to work with and not easy to involve with group home staff
	They need more experience. Placement unit supervisors are outstanding.

SB 40. What one thing can San Bernardino County do to improve communication?

Category	Providers' Answers
Improve Timeliness of Communication	Be more of a player - timely communications, willing to listen to group home staff
	ASAP Communication needs to prevent emergency situations
	Regular meetings with contract agency directors
	Return phone calls in timely manner
Provide more constructive feed back	If a facility has been placed on a do not refer list, San Bernardino should execute a plan of action and notify administrator of change
	Let us know when there is a problem.
Method of communication	Method of calling for placement - everyone does not have internet.
	Not sure, but e-mail is cheap and effective or maybe a web-site
Quality or quantity of information	More information, maybe a county newsletter
	More objective/less subjective information
	Quarterly meetings; mail updates or policy changes
	Send out more flyers on services offered
	More visits
Keep communicate	Open dialogue with assigned probation officers
	Social workers need to have continuing contact with their clients and the group home as long as their client is placed in the group homes. Often, after client is placed, social worker is no longer involved.
Other	Become more familiar with treatment programs
	Often those "on-duty" workers need to understand their role - so that they can better assist agencies when placing social workers are not available.
	Satisfied
	They've done well
	Training.

SB 41. Do you receive enough information about the child at the time of placement?

	Number of Group Home Providers
Yes	16
No	17

The following is a list of concerns from group home providers regarding communication of children's information.

Category	Providers' Answers
Quality	At times they'll say that they don't have paperwork, but it will follow, and verbal information is not always correct.
	Not all records (school and health) are complete, and a consent form is not complete.
	Often lacking good psych/family history
	Information from Probation is old and out of date
	Placement history, medical history, current meds, court orders, and immunization history are not good
	Rarely have complete placement information
	Wrong diagnosis, no psych reports, no educational information
Amount	Just need more information about the child
	More background history
	More information on school, background history
	Need more medical background
	Sometimes not enough information is given
Timeliness	Children seldom arrive with enough history
Other	Yes, on Probation minors. No on DCS minors.

SB 42. What is the most rewarding aspect about working with the County of San Bernardino?

Category	Providers' Answers
Collaborating with San Bernardino County workers	More informative than other counties
	Most people are great - there is a small community that is very supportive but express that their hands are tied. The Group Home forum is very helpful.
	Overall professional working relationship
	Social workers are easy to work with
	The care and concern shown for clients
	Developing positive working relationship with most departments
	While we receive very few clients from San Bernardino, we have always enjoyed working with the county's highly professional social workers and probation officers
	Placement hearing - county support. CPU is wonderful!!
Other	Easy to service children and parents when they live in the area
	The ability to receive appropriate placements
	They consistently refer to our program
	Working with a large bureaucracy

Good support	Communication
	SB County provides additional services such as summer camp and clothing allowances
	The people we encounter when we do have questions
	They're helpful when someone comes out. Whether it's for annual review, or investigation, San Bernardino County is clear that they just want you to run a quality program.
	Very open and good communication
	We believe that there are real efforts to do things differently for our children. Leaders have been available to support agency efforts. The leaders attempt to implement new programs.
	Your IEP program is excellent; other counties should take note

SB 43. What is the most negative aspect about working with the County of San Bernardino?

Category	Providers' Answers
Amount & Quality of Children's Information	Inconsistency and confusing communication with some county social workers Mis-communication with social workers. Social workers need to inform us of directives that they give the minors. We don't always know what the worker has told the clients regarding passes and other issues.
Communication	Communication issues Some workers are too controlling
Feedback System	Not enough "affirmation" given to placing agencies that are doing good work - too much bad media attention re: group care - "There is more good than bad". Prevalent negative focus Referrals have stopped with no explanation
Mental Health Services	Lack of support with psychiatric services. The county requires care but does not support when it is not available. Weakens placements and increases turnover.
Number of Placements	Not enough referrals We no longer receive referrals from Probation. The latter reportedly send their clients out of the city to a multi-bed facility in the high desert instead of supporting their local, long-term group homes. Exclusive contracts The time it takes to replace kids
Other	Occasionally, geographical proximity results in a greater AWOL risk because of how familiar youth are with their surroundings.

SB 44. Are there any other comments you wish to make that we have not addressed in this survey?

- I would just like to add that maybe CPU could get a survey or some rating system on group homes. I feel like we do an extraordinary job with your children, but CPU does not really know us as any different from other homes. Keep the excellent homes.
- I cannot emphasize the problem with psychiatric services enough. Other counties support and do not abandon us on this issue.
- We would like to have more probation placements
- Would like to have more frequent contact re: placements

5-5. Riverside County Group Home Provider Survey Results

R1. Do you accept County of San Bernardino placements?

	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Yes	29	71	663
No	3	3	29

- The three group home providers that do not accept San Bernardino supervised children indicated that they were willing to accept them.

R2. What type of placements do you take? (Please check all that apply.)

	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
DCS	30	72	680
Probation	19	50	343
DBH	16	41	389
Private Placement	5	31	321
Inland Regional Center	5	14	103

R3. What services do you currently provide? (Please check all that apply.)

Services	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Mental Health Services	26	63	615
Case Management	30	68	656
Medication Services	27	65	627
Intensive Day Treatment	4	21	120
Non-Public School	15	43	477
TBS	5	13	96
Dual Diagnosis	12	35	341
Crisis Intervention	24	56	527
Other (Specified below)	17		

- Residential psychiatric care
- Equine Assistance Therapy (Horsemanship)
- Teen parenting education
- Will accept emergency placements
- Day treatment, day program, partial hospitalization
- Runaway, homeless throw away
- Animal Assisted Therapy
- Tutorial Services
- Family therapy/pre-unification treatment
- Substance abuse treatment
- D & A counseling
- Pregnant teens and teen mothers
- Drug & Alcohol, Anger Management
- Diagnostic Assessment, stabilization
- Voc-Education
- Anger management & family reunification
- Emancipation

R4. What populations do you currently provide treatment for?
(Please check **all** boxes that apply.)

Services	Number of Group Home Providers	Number of Group Home Facilities	Number of Beds
Attachment Disorder	21	56	367
Assaultive / Homicidal	12	26	324
Diabetic requires RN	4	20	134
Children 18 and older	4	9	135
Dual Diagnosis - Developmental	9	20	189
Eating Disorders	14	36	416
Emancipation Program	22	48	420
Enuresis/Encopresis	11	37	266
Female placements	14	37	409
Fire-setters	9	30	194
Frequent AWOLS	16	27	288
Frequent Hospitalization (mental health)	10	17	272
Frequent Hospitalization (medically fragile)	1	1	6
Gang Involvement - criminally active	14	37	312
Gay & Lesbian Youth	29	69	633
Gender Identity Issues	16	51	437
History of property destruction	21	67	585
IEP (Individualized Education Plan) issues	28	70	657
Medically Fragile Infants	0	0	0
Multiple Failed Placements	27	67	615
Non-ambulatory	1	1	6
Pregnant/Parenting Teens	5	10	91
Psychotic	6	17	166
Requires intensive psychiatric management	5	7	141
Sibling placements	21	54	567
Severe Behavioral Problems/Conduct disorders	19	55	494
Sexual Aggression/Predators	10	26	264
Sexually Acting Out	18	53	506
Substance Abuse	23	58	485
Self Mutilation	13	32	373
Suicidal/Severely depressed	13	25	349
Young Children (6 and younger)	0	0	0

R5. How many bed vacancies do you have today?
(Please total the vacancies if you have more than one facility.)

DCS	Probation	DBH
73	8	15

R6. When you have a vacancy, how do you communicate that information to the County of San Bernardino?

Method of Communication	Number of Group Home Providers
E-mail the Institutional & Group Home Coordinator	12
Call the Institutional & Group Home Coordinator	11
Call the agencies and placement workers	13
Call the Central Placing Unit placing workers	18

(Other)

<ul style="list-style-type: none"> • Packets are typically sent to us and once deemed appropriate for placement the parent/guardian and placement agencies are contacted and an admission date identified.
<ul style="list-style-type: none"> • FAX opening list
<ul style="list-style-type: none"> • Usually do not initiate. County social workers does.

R7. How quickly do vacancies get filled?

A period of time till vacancies get filled	Number of Group Home Providers
Immediately (within 24 hours)	2
1 to 2 days	13
3 to 7 days	7
More than a week	13

Expansion Questions

R8. If the San Bernardino County moratorium on approving letters of support for expansion was lifted, would you like to expand into San Bernardino County?

	Number of Group Home Providers
Yes	24
No	8

Of the 24 group home providers, 20 providers indicated that they would like to expand their business by increasing beds. The following table describes possible expansion of by number of beds per RCL.

Beds to be expanded per facility	Number of facilities that are willing to increase beds by RCL						Total number of group home facilities willing to increase beds	Total number of beds to be expanded
	RCL 6	RCL 9	RCL 10	RCL 11	RCL 12	Missing		
6 Beds			1	3	2		5	30
12 Beds	1		4	1	4		10	120
15 Beds						1	1	15
16 Beds		1					1	16
20 Beds				1			1	20
30 Beds					1		1	30

Only four group home providers specified which area of San Bernardino County in which they would like to expand their facilities. The table below describes the locations where group home providers would like to expand their facilities.

Location	Number of Group Home Providers
Location Not Specified	18
Eastern Valley, Western Valley	1
High Desert, West Valley, Eastern Valley	1
Low Desert	1
High Desert	1

Of the 24 group home providers, 19 providers indicated that they would like to expand their business by adding new population to serve.

New Population	Number of Group Home Providers
DCS	9
Probation	10
DBH	6
Other (Specified below)	4
<ul style="list-style-type: none"> We take children who need stabilization and emergency placement Pre-emancipation 18-21 yr olds Runaway & Homeless Transitional living 	

Of the 32 group home providers, 12 group homes were planning to expand their facilities outside of San Bernardino County.

	Number of Group Home Providers
Yes	12
No	20

Service Questions

R9. What types of children do you currently **not** accept?

Children Not Accepted by Group Homes	# of providers	%
Fire-setters/Arsonist	11	42%
Sexual Predators/Aggressors	10	38%
Medically Fragile	5	19%
Violent/Physical Aggression/Homicidal	5	19%
Non-ambulatory	4	15%
Psychotic	4	15%
Suicidal	3	12%
Pregnant	2	8%
SED	2	8%
Females	2	8%
Gang Involvement (Criminal, Drugs)	1	4%
Frequent AWOL	1	4%
Gay and Lesbian	1	4%
Sexual Victims	1	4%
Diabetes	1	4%

R10. What is the average length of your program?

Length of program	Number of Group Home Providers
2 Weeks	1
1 - 6 months	3
7 - 12 months	6
13 - 18 months	7
19 - 24 months	3
Other	2

R11. What is your response when a placing worker says the child is to be placed for less than the length of your program?

Response	Number of Group Home Providers
Accept the child anyway	26
Refuse the placement	0
Refuse to accept placements from agencies that limit time frames for placement	0
Not applicable	4

R12. Do you take children who are on psychotropic drugs?

	Number of Group Home Providers
Yes	30
No	2

Among the 30 providers who accepted children on psychotropic drugs, 17 providers replied that they have a child psychiatrist on staff.

The following list is the ways how the rest of the 13 providers obtain psychiatric services.

• Contract psychiatrist
• If they come with psychiatric, we will administer under M.D.'s direction
• Licensed social medical worker
• Outside Medi-CAL services
• Outside services
• Send clients out to licensed psychiatrist
• We have a psychiatrist who sees all of our clients

R13. What types of family reunification services do you/will you offer to the child's parent(s) and how do you promote these services?

Category	Providers' Answers
Counseling	Counseling with family and home visits
	Family counseling and victim reunification sessions based on the needs of the child and family
	Family counseling, resource referrals
	In-house family counseling and court reunification service with court system
	Let parents know when child arrives. Counseling/supportive services.
	Meeting with parents, counseling
Therapy	Family therapy - parent outreach 1 day a month
	Family therapy focused on reunification, assist in facilitating family visits
	Family therapy, referral for resources, and Wraparound. Provide information to family on availability of services
	Family treatment, including home visits by therapist - families enjoined at time of intake - on-going sessions at facility and home.
	The therapist has session with the family; this is something that almost all our clients get.
	We work with the social worker/courts to help - work with the child in therapy.

Family Visitation	Assist in visitation and promote team decision making and family group meeting. Will encourage family participation in child's care and education. Provide joint counseling.
	Family visits, family sessions
	Weekend or holiday telephone visit

Class & Program	Home studies and phone contact
	Parenting classes

Other	Letter out to parents unless prohibited by court
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R14. What type of school do your children attend?

Types of School	Number of Group Home Providers	Number of Group Home Facilities
Public School	28	53
Non-public School	24	50

Other

• Continuation school
• Ranch school
• While on maternity leave, we utilize the public school Home Health Services
• Behavioral schools
• Community schools
• Probation, continuation
• County school for seriously emotionally disturbed children
• Minors on Phase II may transition to public school

R15. Do you have discharge planning for planned releases?

	Number of Group Home Providers
Yes	29
No	3

R16. Do you have discharge planning for emergency releases?

	Number of Group Home Providers
Yes	24
No	8

R17. Do you provide Independent Living Skills or emancipation services to 16-19 year olds?

	Number of Group Home Providers
Yes	27
No	5

R18. Do you provide age appropriate daily living skills activities for children age 6-15?

	Number of Group Home Providers
Yes	26
No	6

A list of daily living skills activities specified by group home providers

- Ages 13-18 yrs - cooking, personal hygiene, job skills, banking process, emancipation services
- Basic hygiene, chores, caring for one's clothes, supervised cooking days, learning to manage weekly allowances
- Children are provided skill building in personal care, and grooming, group decision making, cooking activities, chores, individual and group planning skills, i.e., outings, personal choices.
- Children do chores, basic cleaning and laundry, making snacks, assisting with meals
- Chores, laundry, activities of daily living, shopping - 3 social skills groups per day, tutoring at Sylvan 2 times a week.
- Daily chores, cooking, independent living skills classes
- Daily life skills training
- For ages 13-15; minors are taught daily life skills, such as, preparing meals, completing their own laundry
- Hygiene, chores, good communication skills. Daily living skills, respects, working on improvements on self and dealing with others. We encourage teamwork.
- Life lab classes, Independent living program
- Recreation, coping skills, life skills, how to conduct themselves, personal hygiene, how to get a job application, banking
- Recreational activities, groups on social skills topics; cook night assigned; encourage involvement in extra curricular off campus/site programs
- School, independent living skills, cooking, employment, organized sports, life stock
- Social learning skills, social activities; games
- Teach ages 13-18: wash clothes, clean house, cook meal
- Tutoring, homework assistance, chores, social intervention
- We use the Casey Foundation materials and program for all of our children
- Work with outside programs and in-house job training. We also have an in-house basketball program that promotes socialization skills. Bank management

R19. Do you keep outcome data on the children/youths in your program on their recidivism rates, and/or permanency rates once the child returns home?

	Number of Group Home Providers
Yes	26
No	6

- Five group home providers answered "Yes" to the question which asked if they were willing to share the out come results.

R20. How many times in the last 3 months did you request the San Bernardino County placing agency to remove a child from your facility?

Number of Removal of Children	Number of Group Home Providers
2	5
1	5
0	22

R21. Do you send every incident report on San Bernardino County supervised children to our Institutional and Group Home Coordinator?

	Number of Group Home Providers
Yes	12
No	20

R22. Do you find some CCL licensing regulations to be a barrier to the provision of quality of care?

	Number of Group Home Providers
Yes	8
No	24

Comments from group home providers:

- At times, doing paperwork for licensing seems to be more important than the actual care of the child to licensing
- Not a barrier but communication problems between agency and social workers
- No consequences for certain behaviors. Not holding child accountable for actions. Frequent prompting to remove a child from placement.
- Not allowing us to stop small children from running away
- Supervision - we need to allow these children more freedoms and help them when they make mistakes. Being afraid to give freedoms because CCL restrictions are not good.
- The way regulations are interpreted or applied

R23. Do you find RCL payment structure to be a barrier to providing quality care?

	Number of Group Home Providers
Yes	10
No	22

Comments from group home providers:

<ul style="list-style-type: none"> Because it appears "quality" are based maintaining points under RCL point system at the expense of treatment
<ul style="list-style-type: none"> Cost go up, rate stays the same
<ul style="list-style-type: none"> Emphasis on points per staff. Some staff may not attract a lot of points, but provide excellent nurturance and care.
<ul style="list-style-type: none"> No cost increase in the last 4 yrs
<ul style="list-style-type: none"> No increase in 5 years. RCL is not the way to pay for a child's care.
<ul style="list-style-type: none"> Sometimes, when a kid needs a 1:1 - we provide a third staff while waiting for TBS.
<ul style="list-style-type: none"> Where expenses are cut they are unable to provide quality care. Payment not enough to meet girls needs.

R24. What current problems or concerns do you have regarding accepting County of San Bernardino Placements?

Category	Providers' Answers
Children's Information	Getting medical and getting school transfer information - transcripts; immunizations Having proper paperwork at the time of placement. Example: school info, active medical card
Mental Health Treatment	None with DPSS but we have trouble getting a psychiatrist to see SB County kids because of Value Options
Number of Placements	None. However, placements from SB County have been unusually scarce. We need closer working relationship. SB County seems to maintain distance. Not getting residents fast enough We have limited bed openings
Support from Workers	Sometimes social workers are very difficult to get a hold of The availability of social workers when you call. At times there's no response.
Other	Discharges with no notice-they are not fair to the children The fact that there has not been a rate increase makes it difficult

R25. Do you have training needs?

	Number of Group Home Providers
Yes	12
No	20

Comments from group home providers:

<ul style="list-style-type: none"> Excellent training through Riverside County
<ul style="list-style-type: none"> Gang intervention; search procedures
<ul style="list-style-type: none"> How is San Bernardino implementing Wraparound services? Does implementation include group homes? Is county involved in Family-to-Family practices?
<ul style="list-style-type: none"> We welcome all information to have better staff and programs for our clients
<ul style="list-style-type: none"> I was glad to see that training for group home staff is now being initiated
<ul style="list-style-type: none"> Medication handling

<ul style="list-style-type: none"> • Nothing specific but you always need training. The more training we have the better service we provide
<ul style="list-style-type: none"> • On what is expected from a provider as to what paperwork is needed and just the way San Bernardino County operates because I understand some procedures are different from Riverside County.
<ul style="list-style-type: none"> • Restraint, how to improve documentation, how to improve crisis intervention skills.
<ul style="list-style-type: none"> • TCI training, Therapeutic Crisis Intervention
<ul style="list-style-type: none"> • Topics relevant to quality Treatment in residential care. Always looking for outside trainers with fresh perspectives.
<ul style="list-style-type: none"> • We provide monthly training. Can use varied instructors.
<ul style="list-style-type: none"> • We provide regular training to staff members
<ul style="list-style-type: none"> • We would like family to family training
<ul style="list-style-type: none"> • We would love any that you could provide

R26. How does your facility manage a crisis concerning a child?

Category	Providers' Answers
Take Title 22 Procedures	<p>Everything is dealt with appropriately according to Title 22, each situation is different. Depending on what it is. But we definitely work with the client, that's why we are a treatment facility. We'll use appropriate measures and call 911 if it's that</p> <p>Follow procedures of Title 22</p>
Use Reference	<p>By the book</p> <p>TCI Training monthly and annually</p>
Contact to outside resources	<p>Call CEO and group home therapist for guidance (both LCSW's living 10 mins away). Notify police; take child to mental health facility for evaluation.</p> <p>Call outside consult, use 5150 team</p> <p>Facility manager contacted immediately</p> <p>Suicide - immediately call 5150 for assessment</p> <p>Request mental health increase services if the child risk level is such doesn't endanger self or others. Initiate crisis evaluation through mental health crisis team or law enforcement</p> <p>We handle crisis concerning our clients by calling the professionals when needed. (Therapist, S.W., psychiatrist, police officer). Whatever is necessary to help our clients when a crisis arises.</p> <p>Utilize county mental health services (if necessary)</p> <p>Call 911 (if necessary)</p> <p>Notify CSW; use emergency intervention plans; take to ETS if applicable</p>
Talk to children 1 to 1	<p>No take down - talking to kids</p> <p>One to one counseling, assessment of child's danger to self or others</p> <p>One-on-one when necessary, Transport children for 5150 assessment if there are mental health issues</p>

On-site staff is able to handle a crisis.	Fighting - separate and de-escalate.
	An immediate evaluation is done by our facility social worker and administrator. Immediate action is taken for the child's needs.
	Counseling with on-site counselor
	Residents in crisis will be shadowed by 1 staff. All staff will be aware. Resident will be given the opportunity to take a time out. One-on-one counseling by staff/therapist.
	Staff is trained in Pro-Act/Emergency intervention. Therapist can intervene via phone or the child is sometimes brought in immediately for therapy.
	Standard 24 hr crisis service via therapist and resident managers
Prevention	Pro Act techniques to de-escalate the situation
	In-house. Sometimes child removed to recreation building temporarily for a time-out. Would rather manage crisis pro-actively by getting ahead of situation before it becomes an actual crisis.
	Utilize crisis prevention intervention training
There is a plan and policy.	We follow our policy on crisis intervention. All staffs are trained.
	We have a crisis intervention plan outlined at the time of intake re: behavior by history.
	We have a plan implemented
	Within policy and procedures depending on crisis
Other	Depending on the crisis...we try to ascertain what happened, if there is time, if not, we'll investigate later. If a child is threatening harm, police are notified immediately; remove audience; talk calmly; try to de-escalate by using child's name frequent
	Immediate level of intervention involves line staff, supervisor, and case manager. Additional support from program director and/or clinical director and ultimately the assistant executive director and co-founders who are available 24 hours per day/ 7 days
	It depends on crisis, time outs, talk to social worker, and come up with plan
	With a team approach
	Verbal intervention, therapy and if necessary Pro-Act

Relationship with San Bernardino County

R27. Would you be willing to accept different types of children if your received Medi-Cal/EPSDT funding for allowable services?

	Number of Group Home Providers
Yes	15
No	17

Comments from group home providers:

• We have trouble getting mental health services for all SB County kids!
• Depending on county needs and child's case
• Depending on the county rate we would be interested and willing
• Not licensed for these types of placements. I would have to change my program statement to accept these different types of children.
• One-on-one mental health worker
• Out patient - TBS - EPSDT emancipation and diagnosis unit
• With additional information on funding
• Would have to look into more

R28. Would you be interested in applying for TBS for eligible children through San Bernardino County Behavioral Health?

	Number of Group Home Providers
Yes	23
No	9

Comments from group home providers:

• As needed
• Done thru probation officer or social worker
• If he had a license
• It depends on severity of mental problems
• More support in helping and dealing with client if that client was suited to be in our program
• Please explain applying or usage of services
• Possible
• There are times TBS can assist in placement for a child that needs a higher level of care
• We actively use this service already
• We are just starting a contract with Riverside County
• We do now for Riverside children who need it

R29. Would you be interested in responding to a future RFP to create an RCL 12 or higher GH with a treatment program for transitional youths age 16 to 19 to help them transition from FC to adult programs?

	Number of Group Home Providers
Yes	21
No	11

R30. What type of support services would you like to receive from the County of San Bernardino?

Services	Number of Group Home Providers
Training by County	23
Mental Health Funding	20
Wrap Around	18
Regulation/Policy Change	15
Frequent Communication	19
Child Information	18

Other:

• After care programs
• CCL related issues. CCL seems to have a contradictory view of the mission of the agency.
• More referrals with a 2 week lead time for screening
• Resource training
• Written policies and procedures
• Availability of other treatment services, esp., substance abuse and treatment for sexual abuse survivors.
• Schedule periodic meetings with group homes that accept San Bernardino County children

R31. Do you have any concerns about your working relationship with San Bernardino County agencies or staff?

	Number of Group Home Providers
Yes	1
No	31

Comments from group home providers:

• Not at this time
• Social workers we have contact with are very helpful
• Some social workers have their personal agenda as to what facility a child should be placed in
• They have always been most courteous and helpful

R32. What has been your experience with the following San Bernardino County workers?
If you do not have any contact with them please mark **No Experience**. Otherwise, please provide your comments about our services.

(a) Department of Children's Services Social Workers

	Number of Group Home Providers
No Experience	6

Comments on Department of Children's Services Social Workers

Positive Comments	Good - made contacts and communicate over phone - but they have been supportive
	Good with well-trained and older children 50/50 with other
	Appropriate to placement contract
	Competent
	Everything has been decent to this point
	Excellent rapport and support
	I presently have DPSS minors. For the most part, the social workers are professionals who recognize that administrative are professionals too. We work together with treatment plans to enhance the minor's life. I presently have one social workers I have not seen,
	It has been good most often
	Most county workers have been very responsive when contacting them about coersers of their clients
	My experience with SBC workers has been pretty straightforward and professional
	Social workers are helpful with suggestions concerning our residents
	The workers are very accommodating
	Very positive
	Very professional and cooperative.
	Visited children often. Involved w/children
	We really enjoy working with SB County social workers. They are great.

Suggestions	Different services provided depending on social worker, i.e., one girl gets clothing allowance, the other doesn't.
	Difficult to contact
	Have not received Medi-Cal cards yet for a pregnant minor after several calls to SW and eligibility worker. Placement was 11/28/05 and it is April '06 now.

Other	Positive except for difficulty returning their phone calls
	Experience has been good and not so good. Workers not informative about family progress and placement decision, not willing to work as team although final decision is in their control.
	Most are helpful and willing to work as a team. One was negative and rude.
	They are knowledgeable social workers to work with. Some may need to hear from group home staff providers before concluding from child's version.

(b) Department of Children's Services Central Placing Unit workers

	Number of Group Home Providers
No Experience	10

Comments on Department of Children's Services Central Placing Unit workers

Category	Providers' Answers
Positive Comments	All have been informative and cooperative
	Competent
	Excellent rapport and support
	Excellent working relationship. Very helpful in case consultation
	Excellent, on top of what's going on
	Good in providing needed information
	Great group of people
	Positive and helpful
	The workers are very accommodating
	Very good Transitional Housing Placement Program
	Very polite
	When they can seek a placement, they are a pleasure to talk with
Suggestions	Need to provide more complete information regarding placements and not leave out important behavioral information
	Not much contact, would like to receive more planned placement. Most placements come to us as a emergency placement.
Other	Provide good info on child to enhance acceptance decisions. However, they appear to call us for very difficult to place children. We do well with that population anyway, but we would appreciate more referrals.

(c) Institutional & Group Home Coordinator

	Number of Group Home Providers
No Experience	18

Comments on Institutional & Group Home Coordinator

Category	Providers' Answers
Positive Comments	Good, no problems
	Helpful
	Very helpful and positive

Suggestions	I recently (May) wrote a letter and called to the coordinator, but I haven't received a call back.
	Need more communication with her. We may be located in Riverside County, but we rely equally on San Bernardino County for support and survival. San Bernardino County is as important to us as Riverside.

Other	I only met her once
	I would like to
	No personal experience, but, my staff has
	The three individuals that we have interacted with over our 20 year history is the probation officer, probation supervisor and probation placement unit

(d) Department of Behavioral Health Social Workers

	Number of Group Home Providers
No Experience	19

Comments on Department of Behavioral Health Social Workers

Category	Providers' Answers
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Positive Comments	Excellent relationship. Their help has improved and stabilized placements.
	Excellent, good, helpful
	Little interaction - positive
	Most often good
	No problems
	Positive

(e) Probation Officers

	Number of Group Home Providers
No Experience	22

Comments on Probation Officers

Category	Providers' Answers
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Positive Comments	All probation officers have been easy to work with and clear with their expectations.
	Excellent - good working relationship
	Little interaction - accessible to kids
	No problems
	Our relationship with San Bernardino Probation officers I believe is very good. We communicate and support each other and they're a very important part of our treatment team.
	Positive
	We have had an on-going successful relationship for the past 20 years. Both the Probation Department and CTC have been mutually responsive to each others needs to ensure the best interests of the children are met.

R33. What one thing can San Bernardino County do to improve communication?

Category	Providers' Answers
Change the structure of services	Assign workers to sites not necessary to cases
Set up meetings with the County of San Bernardino and providers	Continue the group home meetings that are being held now. They are a good place to share information. Encourage workers to be part of team. Make themselves available for decision making Have a quarterly meeting fashioned after the Right Partnership meeting hosted by Riverside County Office of Education
Share children's information appropriately	Periodic meetings with providers. Give a provider a chance to talk on issues that tend to hamper provision of service. Receive intake packets in a more timely fashion
Improve Timeliness of Communication	Contact with intake worker directly Social workers - respond to calls or return them in 24-48 hours at least Difficult to reach. Return phone calls when providers call and respond to faxes because when you get down to it, we are all pretty much on the same team (clients). Return phone calls Social workers to have contact with group home To always be available instead of having answer machines Voice contact, person-to-person, no messages/voicemail Voice mail in all offices, Respond to calls more
Provide Training	Training support for staff and providers
Sent News Letters	Possibly send out newsletters
Other	Understand that Plan-It Life is short term, diagnostic, stabilization and what this means

R34. Do you receive enough information about the child at the time of placement?

	Number of Group Home Providers
Yes	20
No	12

Comments from group home providers:

- Background info often lacking. Also, IEP paperwork needed for school enrollment lacking/delayed.
- Client's behavior is not always reported to group home
- We usually need more school information, such as, last transcripts and shot records
- Minute orders & previous reports would be helpful
- Information regarding children's behavior. It was not told that the child pulling out staff's hair at her previous placement.
- Court papers giving us a brief history of child and problems we can focus on
- San Bernardino is very protective of information
- School records, medication declaration

R35. What is the most rewarding aspect about working with the County of San Bernardino?

Category	Providers' Answers
Collaboration with Workers	Developing good relationships with the workers
	The social workers are usually very responsive and pleasant to deal with
	The workers will call you with a reasonable amount of time and work with you to deal with their clients needs
	They are always there when the needed payday
	They stand their own ground. They do not blindly follow a no-referral order of another county. They evaluate situations fairly and objectively and make their own referral decisions.
	Fresh, open to change. You had a great clinician on some of our cases.
	Partnership in seeing teenagers grow up and setting goals to work, study, become adults
Support	All employees are very informational with all phone conversations
	Because all info is provided at the beginning. Pretty fast about providing information.
	Our work with SBC Probation. The officers that we have been privileged to work with have all had been supportive and helpful with their input into their functioning of their clients. We feel we have an excellent working relationship with San Bernardino County.
	Officers are timely, quick to respond, supportive of program. Spend time with kids on their caseload. Very pleased.
	The information, response time to questions, getting paid on time
	We get a response back when we call
	Follow-up after discharge
Provide Good Services to Children	We recognizes San Bernardino as one of our host counties during our 20 years and have enjoyed the open communication
	Seeing one client gets adopted and all 3 of his social workers really care about the client and showed it, with actions
	Good follow through and support for our kids
	Opportunity to assist the young men in care and working with a supportive team
Central Placement Unit	To help needy boys excel and provide the best possible care for them
	I feel the Central Placement Unit all have difficult jobs to do, but they are always professional friendly and down to earth people.
	I love the placement workers. We love the children. Social workers are friendly.
	The placement unit and nurse following the cases

R36. What is the most negative aspect about working with the County of San Bernardino?

Category	Providers' Answers
Children's Information	The only constructive criticism is timely receipt of intake packets for review.
Communication	Phone voice mail - takes a while for calls to be returned
Placement Policy	Not getting residents quick enough when there is a tremendous need for them
	We have tried to open facilities in San Bernardino County but their requirements are prohibitive. The County should loosen requirements for opening homes in it.
	Lately (since March) I have not been contacted by CPU

Mental Health Services	It has been very hard to get medical services in a timely manner and Cal Options for therapeutic services
	Trying to get mental health services for SB kids. Value Options are a pain.
Other	Unpredictable or irresponsible judges who have jumped on Family to Family and are sometimes sending children home to dangerous environments
	SB County refusing to issue clothing allowance to clients who are placed out of county, but the same client placed in Riverside County would receive the allowance. I feel this is very unfair to the client and the home.

5-6. Comparison of the 2001, 2002, 2003, 2004, and 2006² Group Home Provider Surveys Results

Over the last six years, group home providers in San Bernardino County have responded to surveys. The following tables will compare the survey responses by year to show trends. The most recent group home provider survey instrument can be found in Appendices C and D. (Since 2004 is the first year providers in Riverside County were surveyed, no trend comparisons exist for Riverside County).

Comparison Highlights

- The percentage of providers that accept San Bernardino County supervised children decreased from 100% in 2001 to 94% in 2006.
- The percentage of providers that accept DCS children increased from 33% in 2001 to 91% in 2006, and the percentage of providers that accept children on probation decreased from 63% in 2001 to 36% in 2006.³
- The percentage of providers that planned to expand their business by opening new facilities decreased from 72% in 2002 to 12% in 2006.
- The top three types of children whom providers would not accept for the past four years have been fire setters, sexual predators, and medically fragile children.
- The top six types of children to whom providers frequently provided services in the past four years were children with attachment disorders, eating disorders, frequent AWOL behavior, multiple failed placements, and severe behavioral problems.
- The percentage of providers that were interested in applying for Therapeutic Behavior Services (TBS) increased from 32% in 2003 to 62% in 2006.

Comparisons

1. Change in the number of group home facilities and beds

	2001	2002	2003	2004	2006
Number of Group Home Agencies	43	44	46	46	42
Number of Group Home Facilities	94	95	98	103	104
Total # of Group Home Beds	917	963	985	1,094	1,091
Change in Group Home Agencies	-	1	1	-	-4

Data source: CCL Group home facility list

² The Group Home Needs Assessment has been conducted annually in 2000, 2001, 2002, and as of 2004 on a biannual basis.

³ Original 2001 survey was done by Probation Department. Therefore, participants for the survey may serve more for children on probation than for foster children.

2. Change in the numbers of group home facilities and beds by RCLs

RCL	2001		2002		2003		2004		2006	
	Number of Group Home Facilities	Licensed Bed Capacity	Number of Group Home Facilities	Licensed Bed Capacity	Number of Group Home Facilities	Licensed Bed Capacity	Number of Group Home Facilities	Licensed Bed Capacity	Number of Group Home Facilities	Licensed Bed Capacity
4	1	14	1	14	1	14	1	14	1	14
5	2	154	2	154	1	148	1	148	1	148
6	1	6	1	6	3	24	-	-		
7	-	-	-	-	-	-	-	-		
8	3	18	3	18	3	18	5	30	5	30
9	3	18	4	32	5	42	3	18	2	12
10	19	114	22	136	26	180	24	164	25	170
11	24	234	26	246	22	148	21	161	24	167
12	31	321	30	321	32	381	45	531	36	501
14	10	38	6	36	5	30	3	28	4	24
Total	94	917	95	963	98	985	103	1,094	104	1,066
Regional ⁴ Centers/	1	6	-	-	3	9	7	25	6	25

(Data source: CCL Group home facility List)

3. Change in survey response rates

	2001	2002	2003	2004	2006
Completed surveys	32	39	34	35	33
Total surveys sent to providers	43	44	46	45*	42
Response Rate	74%	89%	74%	78%	79%

*Combined one provider with 2 different group home agencies.

4. Change in San Bernardino County supervised children

Question 1: Do you accept County of San Bernardino placements?

	2001	2002	2003	2004	2006
Number of Group Homes Accepting San Bernardino Foster Children	32	37	33	32	31
Percentage of Group Homes Accepting San Bernardino Foster Children	100%	95%	97%	94%	94%

⁴ Regional center facilities with licensing classification as group homes and one small family home. (The number of regional center facilities is not included in final count of group homes.)

Question 3: What types of placements from County of San Bernardino do you take?

	2001		2002		2003		2004		2006	
	# of GHs	% of GHs	# of GHs	% of GHs	# of GHs	% of GHs	# of GHs	% of GHs	# of GHs	% of GHs
DBH Placements	6	15%	18	46%	18	53%	18	51%	15	45%
DCS Placements	13	33%	29	74%	29	83%	29	83%	30	91%
Probation Placements	25	63%	24	62%	20	59%	21	60%	20	36%
Private Placements ⁵	-	-	-	-	7	21%	9	26%	12	28%

5. Change in group homes' expansion plan

Question 8: Are you expanding your program to include more treatment programs?

	2001		2002		2003		2004		2006	
Expansion Plans	# of GH Facilities	%	# of GH Facilities	%	# of GH Facilities	%	# of GH Facilities	%	# of GH Facilities	%
Adding more beds	16	50%	18	46%	13	38%	11	31%	20	48%
Opening new facilities	-	-	13	72%	11	34%	12	34%	5	12%
Adding new populations	10	25%	9	23%	6	18%	2	6%	15	36%
Adding new programs or treatments	2	5%	19	49%	10	29%	13	37%	8	19%

⁵ This question was not asked in the 2001 and 2002 group home provider surveys.

6. Change in the length of treatment and programs

Question 11: What is the length of the treatment program?

	GH Facilities with treatment programs lasting over a year	
	Number	%
2001	19	48%
2002	16	39%
2003	20	56%
2004	15	42%
2006	17	40%

7. Change in family reunification and independent living skills programs (ILPs)

Question 14: What types of family reunification services do you/will you offer to the child's parent(s) and how do you promote these services?

Question 18: Do you provide Independent Living Skills or emancipation services to 16-19 year olds?

	ILP services		Family reunification services	
	Number of providers	%	Number of providers	%
2001	31	78%	36	90%
2002	33	85%	19	49%
2003	31	91%	32	94%
2004	29	83%	32	91%
2006	29	69%	31	74%

8. Change in psychotropic medication and discharge planning⁶

Question 13: Do you take children who are on psychotropic drugs? If yes, do you have a psychiatrist on staff? If not, how do you obtain psychiatric services?

Question 16: Do you have discharge planning for planned releases?

Question 17: Do you have discharge planning for emergency releases?

Providers that	2002*		2003		2004		2004		2006	
	# of providers	%	# of providers	%	# of providers	%	# of providers	%	# of providers	%
Accept children on psychotropic medication	38	97%	31	91%	31	89%	31	89%	29	69%
Have psychiatrists on staff	26	67%	21	62%	21	60%	21	60%	15	36%
Have discharge planning	38	97%	32	94%	34	97%	34	97%	31	74%
Have Emergency planning	-	-	22	65%	23	66%	23	66%	26	62%

9. Change in types of treatment

Question 9: Are you considering expanding your program to include these treatment programs. (Please check all that apply):

(2002 & 2003) Question 11: Do you have treatment programs or services for these types of placements? (Please check all that apply):

(2006) Question 5: What populations do you currently provide treatments for?

⁶ This question was not asked on the 2001 survey.

Year of survey	2002	2003	03 & 04 Combined	2004	2006	
# of providers that responded	39	34	41	35	33	
	Number of providers					
	Offering	Offering	Offering	Expanding	Offering	Expanding
Attachment Disorder	21	19	24	35	21	3
Assaultive / Homicidal	-	12	11	4	10	0
Diabetic requires RN	5	2	3	6	2	3
Children 18 and older	-	7	7	3	5	4
Dual Diagnosis - Developmental	13	12	13	7	13	3
Eating Disorders	12	12	12	7	15	0
Emancipation Program	25	26	31	12	23	4
Enuresis/Encopresis	-	9	8	5	11	0
Female placements	-	11	9	8	10	2
Fire-setters	5	3	4	5	3	1
Frequent AWOLS	29	20	26	11	23	1
Frequent Hospitalization (mental health)	-	14	15	7	10	2
Frequent Hospitalization (medically fragile)	-	1	0	6	4	1
Gang Involvement - criminally active	19	15	21	5	14	1
Gay & Lesbian Youths	10	10	12	5	8	1
Gender Identity Issues	15	19	21	5	12	2
History of property destruction	-	26	23	12	25	1
IEP (Individualized Education Plan) issues	-	31	28	14	29	1
Medically Fragile Infants	15	0	0	0	0	0
Multiple Failed Placements	15	26	33	14	28	2
Non-ambulatory	2	2	1	1	0	0
Pregnant/Parenting Teens	5	3	5	4	2	2
Psychotic	-	10	9	6	19	2
Requires intensive psychiatric management	-	13	12	4	6	1
Sibling placements	-	22	21	11	22	1
Severe Behavioral Problems/Conduct disorders	26	22	27	10	24	1
Sexual Aggression/Predators	9	7	10	6	8	0
Sexually Acting Out	18	17	20	8	15	2
Substance Abuse	21	19	12	10	18	1
Self Mutilation	14	13	15	6	14	1
Suicidal/Severely depressed ⁷	14	15	17	8	12	0
Young Children (6 and younger)	-	1	0	1	0	3

⁷ Wording describing treatments on the surveys has changed slightly from 2003 to 2002; however, most of the treatments are still comparable.

Question 10: What types of children will you not accept?

Children Not Accepted by Group Homes	2002 ⁸		2003		2004		2006	
	# of providers	%	# of providers	%	# of providers	%	# of providers	%
Fire-setters/Arsonist	20	51%	21	62%	14	40%	13	45%
Sexual Predators/Aggressors	5	31%	9	26%	10	29%	7	24%
Pregnant	1	3%	7	21%	-	-	2	2%
Medically Fragile	2	5%	6	18%	-	-	4	14%
Females	1	3%	6	18%	-	-	1	3%
Gang Involvement (Criminal, Drugs)	3	8%	3	9%	3	9%	5	17%
Non-ambulatory	3	8%	1	3%	5	14%	2	7%
Suicidal	4	10%	1	3%	3	9%	5	7%
Violent/Physical Aggression/Homicidal	12	31%	4	12%	11	31%	2	7%
Gay and Lesbian	-		-		-		1	3%
HIV Positive Children	-		-		-		1	3%
Substance Abuse	-		-		-		2	7%
Frequent AWOL	-		-		-		2	7%

10. Change in types of schooling for children in group home placements

Question 15: What type of school do your children attend?

Types of Schooling	2001		2002		2003		2004		2006	
	# of providers	%	# of providers	%	# of providers	%	# of providers	%	# of providers	%
Only Public	12	30%	5	13%	9	26%	5	14%	7	17%
Only Non- public	3	8%	6	15%	4	12%	1	3%	1	2%
Only Other Types	1	3%	-		1	3%	3	9%	0	0%
Both Public & Non-Public	23	58%	28	72%	17	50%	13	37%	17	40%
Public & Other									3	7%
Non-public & Other							2	6%	0	0%
Public, Non- public, & Other	1	3%	-		1	3%	11	31%	4	10%
No Response	-		-		2	6%			1	2%
Total ⁹			39		34		35		33	

⁸ The 2001 survey did not ask this question. Footnote 9 is on the bottom of next page.

11. Change in supervision and incident reports of group homes

Question 21: How many runaways did you have in the last six months ?

Question 22: How many times in the last 6 months did you request the placing agency to remove a child with 7 days notice from your facility?

Question 29: Over the past year, how many incident reports have you had that involved County of San Bernardino placements and how many have involved other county placements?

(2006) Question 22: How many times in the last 3 months did you request the San Bernardino County placing agency to remove a child from your facility?

Child Runaways		Child Removals	Incident Reports
(in the last six months)			
2001	38% had no runaways	38% had no removals	(not asked)
2002	33% had no runaways	26% had no removals	49% had no reports filed in the last six month
(in the last one year)			
2003	26% had no runaways	21% had no removals	18% had no reports filed (year)
2004	34% had no runaways	23% had no removals	14% had no reports filed (year)
(in the last three months)			
2006	26% had no runaways	52% had no removals	5% had no reports filed

⁹ Multiple responses were allowed for the 2001 survey; the responses summed to 40. There were only 32 group home agencies that responded to the survey.

12. Change in types of funding received by group homes (Can also be other county's funding)

Question 34: Would you be willing to accept San Bernardino County placements if you received Medi-Cal/Early Periodic Diagnostic Treatment (EPSDT) funding for allowable services for eligible children (as approved by DBH) above the AFDC-FC rate?

Question 35: Do you currently apply for Therapeutic Behavior Services (TBS) for eligible children through the county Mental Health Department?

Group Home Facilities Accepting Various Funding Sources*	2002 ¹⁰		2003		2004		2006	
	# of providers Responding YES	%	# of providers Responding YES	%	# of providers Responding YES	%	# of providers Responding YES	%
Medi-Cal/EPST Funding	29	74%	23	68%	26	74%	22	52%
TBS Funding	-	-	11	32%	12	34%	26	62%

13. Change in providers' opinion toward San Bernardino County placing departments.

Question 37: Do you have any concerns about your working relationship with the San Bernardino County agencies/staff?

	2001	2002	2003	2004	2006
% of providers that had concerns	30%	33%	29%	26%	24%

Question 41: Do you receive enough information about the child at the time of placement?

	2002	2003	2004	2006
% of providers that received enough information	52%	44%	71%	38%

¹⁰ These questions were not asked in the 2001 survey and the TBS question was not asked in the 2002 survey.

Section 6: Placing Workers Focus Groups Results

6-1 Purpose of Focus Group

In order to obtain the opinion of placing workers and managers working with group home providers and children, nine focus group discussions were conducted:

Focus group 1: DCS Rancho Cucamonga Region Social Workers and Supervisors

Focus group 2: DCS San Bernardino Region Social Workers and Supervisors

Focus group 3: DCS Desert Region Social Workers and Supervisors

Focus group 4: DCS Central Placing Unit (CPU) Staff and Supervisors

Focus group 5: DBH Social Workers and Supervisors

Focus group 6: Probation Officers and Supervisors

Focus group 7: Policy Council

Focus group 8: Juvenile Court Legal Staff

Focus group 9: Interagency Placement Committee (IPC) Representatives

The purpose of focus groups 1 to 6 was to identify placement related issues/difficulties and workers' opinions regarding group homes' quality of services through organized discussions. In addition, focus groups 7, 8, and 9 with higher level management were also conducted to identify their concerns regarding group home placements and their prospects for future group home practices.

6-2 Method

Focus Groups 1 to 6

Participants: Volunteers for the focus groups were recruited through their supervisors; these volunteers were placing workers with group home children on their caseload.

Procedures: The focus groups were facilitated by HS Performance, Education, & Resource Centers (PERC).

First, the facilitator explained the following ground rules,

- Be courteous
- Keep an open mind
- Do not interrupt anyone
- Maintain confidentiality
- Be receptive
- Remember that everyone has a voice in the process
- There are no right or wrong responses

The objectives were to identify what San Bernardino County placing workers expected from group home providers, and the placement needs of children through three placing departments: DCS, DBH, and Probation.

Finally, the facilitator asked additional questions. (see Appendix C) For each question, the volunteers were asked to write down their responses on a piece of paper. These responses were put onto a board in the front of the room for everyone to see. All the responses were clarified and grouped into categories by the volunteers.

Focus groups 7, 8, and 9

Participants: Participants were appointed by Children's Network or HS Research Unit, and then asked to participate in the focus group.

Facilitator:

Focus group 7: Policy Council – Kent Paxton, Children's Network

Focus group 8: Juvenile Court Legal Staff – Kent Paxton, Children's Network

Focus group 9: IPC Representatives – Kelly Cross, HS Research Unit

Procedures: At the beginning, the facilitator explained the purpose of the Group Home Assessment and the purpose of the focus group. The facilitator then asked questions to facilitate frank discussion. Even though questions were prepared for the focus groups, participants also discussed relevant issues that came up without restrictions.

Aggregation of Results

The HS Research Unit aggregated all the discussions and summarized them into tables. For DCS focus groups, results from three regional focus groups and CPU unit were aggregated together as a DCS focus group result, except for some questions that were specific for social workers or CPU staff.

6-3 Summary of Focus Group Results

One CPU focus group and three regional focus groups were conducted. For most of the questions in this section, the aggregated results of the four focus groups are reported.

Summary of DCS Focus Group Discussions

- Social workers and CPU staff perceived that the County of San Bernardino needed group home facilities with higher RCLs.
- Social workers and CPU staff perceived that there were various characteristics of children that made it difficult for DCS social workers and CPU staff to find available group homes. The need to have beds for children with mental health issues, drug users, pregnant teens, gays, and lesbians were repeatedly mentioned throughout the four focus group discussions.
- The need to have beds for dual diagnosis children and temporary crisis assessment were repeatedly mentioned throughout the four focus group discussions.
- Social workers and CPU staff recognized that not all the group homes were providing satisfactory services toward children due to lack of qualified programs and employees at group homes.
 - Lack of mental health programs, substance abuse programs, and emancipation programs were repeatedly mentioned.
 - Social workers and CPU staff also mentioned that group homes should employ qualified workers who were willing to work with difficult children.
- Social workers and CPU staff understood the difficulties of handling children with complex behavior; however, they would like to ask group homes to work with these children and not to give up on them as quickly.
- Social workers and CPU staff would like group homes to be flexible and provide more individualized services such as: therapy, activities, safe environment, and opportunities to learn living skills.
- With the shortage of appropriate levels of group home beds, social workers and CPU staff had largely relied on information through networking with different agencies to find available beds for children.
- Social workers recognized that the practice following Wraparound and Family to Family principles would benefit children considerably; however, they were concerned this would increase their workload.
- DCS social workers and CPU staff felt that there were work relationship issues between them. They perceived that their communication was not efficient, there was a gap in the sense of urgency, and they need to identify their individual roles in the process of placing children in group homes. They both recognized the importance of collaboration as a team to find better placement for children. Social workers understood that CPU staff were very busy, and recommended that CPU improve their workload issues.
- Social workers perceived that children had to stay at group homes longer than planned because of the difficulties in improving children's complex behavior and the incapability of group homes to provide accurate or targeted services.

Summary of Probation Focus Group Discussions

- Probation officers perceived that it was difficult to find group home placements for certain children, such as fire setters, sex offenders, females, children with dual diagnosis, and children with mental health issues.
- Probation officers perceived that group homes which provide substance abuse treatment programs and emancipation programs were lacking in San Bernardino County.
- Probation officers were concerned with the administration of the Lodgemaker group home. They perceived that management at the Lodgemaker group was not supervising its employees and their employees were not adequately supervising the children. They also perceived that Lodgemaker group homes were not complying with CCL requirements. They recommended rebuilding a professional relationship between the Lodgemaker group home and probation officers by increasing honest communication in order to provide good support for children on probation.
- Probation officers were concerned with the quality of services provided by Lodgemaker.
 - They perceived that the Lodgemaker group home should provide quality mental health and family reunification programs.
 - They were concerned with the Lodgemaker group home's capability of keeping children at their facility safe.
- Probation officers felt that the arrival of the Lodgemaker group home negatively influenced the relationships between Probation department and other group homes, since San Bernardino County Probation department placed most of their children in Lodgemaker group home.
- Probation officers recognized the practices following Wraparound and Family to Family principles would provide positive outcomes for children.
- Probation officers expected group homes to provide activities and programs for their children to go out into the communities and build a sense of responsibility. Also, probation officers expected the group homes to teach children the skills to cope with living in the community independently. They would like group homes to teach emancipation skills, parenting skills, and skills to build relationships with others. They also expect group homes to provide employment training and educational opportunities.

Summary of DBH Focus Group Discussions

- Social workers perceived that group homes in RCL 14, beds for short-term placement, and locked facilities were lacking in San Bernardino County. They also perceived that the County needed group homes that provided vocational training, drug treatments, and emancipation programs.
- Social workers recognized the difficulty in finding group homes for children with certain mental health issues. (see page 6-24 for a list of these characteristics)
- According to the focus group discussions, social workers largely relied on information through networking with different agencies to find available beds for children.
- Social workers recognized that following Wraparound and Family to Family principles would benefit children considerably; however, they are also concerned that these new practices could have a negative influence on children's safety and accessibility to resources, such as not having a positive role model.

- Social workers hoped these practices would increase the quality of social work services.
- Social workers expected group homes to provide client driven services, role models, more activities, and better quality care and services. Also they expected group homes to improve the quality of group home staff. They desired group home staff who are well-educated and trained, staff who would stay at the same group home for a long time, and staff who would understand seriously emotionally disturbed children.

Summary of Children's Network Policy Council Focus Group Discussions

- Children's Network Policy Council recognized that the County was lacking group homes that could handle dual diagnosis children. One of their recommendations was for group homes to hire qualified staff to handle the issues.
- The council recognized the lack of crisis assessment or short-term beds for children with specific complex behaviors or mental health issues. Also, locked facilities were needed in San Bernardino County.
- The council was concerned about staffing and CCL regulation compliance issues at group home facilities. The council emphasized that each placing department was willing to arrange training sessions for group homes.
- In the next several years, the council expects to see a change in the working relationship between group homes and San Bernardino County placing departments. San Bernardino County placing departments should take a collaborative approach to provide the appropriate services to children with special needs. The council expected group homes to be flexible and collaborate with these departments.
- The council expected that the County of San Bernardino would seek decent quality of services from group homes, and natural selection of group homes due to the quality of services might occur. They felt competition for specialized beds among group home providers might be elevated.
- The council foresaw that more DCS supervised children would receive mental health treatment due to the Katie A. lawsuit, and children with mental health issues would receive further supports through Prop. 63.
- The council believes that the Wraparound practice would have a negative influence on the existence of current group homes. They foresaw that group homes might transit their programs to Wraparound format like EMQ, or develop programs that were specific to children and a kept safe environment.

Summary of Juvenile Court Focus Group Discussions

- Juvenile Court members felt that the positive aspects of group home placements were:
 - Group homes provide a strict environment in order to stabilize children; for some children the restricted environment was necessary.
 - Group homes provide a mentoring environment through positive role models. However, the mentoring may negatively influence children, since children could fall under the bad influence of other children in the same group home.
- Juvenile Court members expected group homes to prepare children to live independently after emancipated or to live with their family in the community.

- Juvenile Court members were concerned with the accountability of care provided by group homes. They noted that not all the programs lead children to reunify with their family.
- The capability of group homes to contain children in facilities was a critical concern of Juvenile court members.
- Juvenile Court members considered that too frequent reliance on psychotropic medications by group homes to prevent running away behavior was an issue to be handled in the near future.

Summary of IPC Focus Group Discussions

- IPC perceived that they were functioning well. However, the current IPC system might be overwhelmed as IPC became countywide.
- According to IPC, the reason why DBH placed children in group homes located outside of California was not only the shortage of available beds in RCL14, but also the quality of group homes. Unlike other placing departments, DBH supervised placements were parent driven, parents provided a lot of input on where to locate their children. After seeing poorly managed group homes in San Bernardino County, many parents did not agree with placing their children in group homes in San Bernardino County. IPC mentioned that the lack of ability for group homes in San Bernardino County to contain children in facilities was another reason why DBH placed many children out of county.
- IPC believed that Wraparound or Family to Family would not impact RCL 14 placements.
- Group homes in RCL 14 were conceptualized as short-term placement facilities. According to IPC, the average stay for a DBH supervised child in a placement was one year. After this initial year, most of the children went to a lower level of care. However, IPC was concerned that children who emancipated out from group homes were not well prepared for adult life and tended to fail adult placements.
- The main issue for group homes in RCL 14 was containment. Many children runaway from facilities due to the location of the group home or lack of activities. They insisted that group homes should increase their ability to contain children in their facilities.
- IPC perceived that Programs for dual diagnosis children and emancipation services were necessary for the County.
- IPC suggested that the County needed to create a system to monitor group homes and provide feedback to improve the services of group homes.
- IPC perceived that beds for fire setters were also necessary for the County.

6-4 DCS Focus Group Results

Question 1. What types of group homes are lacking in San Bernardino County?

The following categories of group homes are lacking in San Bernardino County	
DCS CPU	<ul style="list-style-type: none"> • 24 hour beds and crisis beds for boys and girls of all ages • RCL 12 and 14 with good programs • Homes accept children with mental health issues • Homes in high RCLs • Homes in low RCLs • Homes that will take after hours placements • Homes in rural areas
DCS Desert	<ul style="list-style-type: none"> • Locked facility • RCL 12 and 14 • Therapeutic homes for seriously emotionally disturbed children • All levels of group home • High desert homes • Homes in RCL 10 to 12 • Age rated group homes • Girls homes in the high desert
DCS Rancho Cucamonga	<ul style="list-style-type: none"> • Family oriented group homes • West End group homes for boys and girls • Group homes in RCL10 or higher
DCS San Bernardino	<ul style="list-style-type: none"> • Locked facility • Homes in high RCLs

Group homes providing the following programs are lacking in San Bernardino County	
DCS CPU	<ul style="list-style-type: none"> • Parenting programs that actually teach parenting • AWOL program • Reactive attachment disorder program • Drug rehabilitation treatment
DCS Desert	<ul style="list-style-type: none"> • Quality treatment programs for severely disturbed kids
DCS Rancho Cucamonga	<ul style="list-style-type: none"> • Substance abuse treatment focus • Emancipation • Mental health programs
DCS San Bernardino	<ul style="list-style-type: none"> • Substance abuse programs • Special education program • Mental health stabilization – hospital release • Parenting programs

Group homes for the following specific population are lacking in San Bernardino County Homes for :	
DCS CPU	<ul style="list-style-type: none"> • Children with dual diagnostics (e.g. Developmental Delay and Aggressive Behavior) • Girls of all ages • Boys of all ages • Pregnant children/youth with beds for infants • 2-10 years old boys and girls • Children under 12 years • Children over 18 with behaviors • Pregnant youth with behaviors • Biters • Children with aggressive behavior • Fire setters • Cutters • Severely psychotic children e.g. Hallucinations, D.I.D., Paranoid • Assault children • Homicidal children • Suicidal children • Developmentally disabled children • Female and male perpetrators • Medically fragile children • Gay and lesbian • Children who do not speak English • Children with different religions • Children on psychiatric meds • Deaf • Blind • Children with alternative life styles • Children with difficult behavior for boys and girls of all ages • Children with psychiatric issues • Devil worshipping children • Vampires • Witchcraft and warlocks • White magic • Black magic • White supremacist
DCS Desert	<ul style="list-style-type: none"> • Children with age 5+ • Drug users • Teen girls • Pregnant children/youth • Gay and lesbian
DCS Rancho Cucamonga	<ul style="list-style-type: none"> • Children with medical needs • Pregnant children/youth in the West End • Deaf/hearing impaired children • Blind • Children with PICA behaviors

DCS San Bernardino	<ul style="list-style-type: none"> • Children with special needs • Cutters • Children with self-harm behavior • Eating disorders • Deaf • Gay and lesbian • Mentally ill children • Most disturbed children who need treatment • Dual diagnosed children • Sexual perpetrator • Sexual abuse victims • 18 year old dependents
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Group homes providing the following services are lacking in San Bernardino County <i>Group homes that:</i>	
DCS CPU	<ul style="list-style-type: none"> • will keep children after they assault group home staff • do not 5150 children (24 hours hospitalization) • take emergency or same day placements • conduct disorder treatment • do not give 7 day notice • give few 7 day notices • are willing to cooperate • are honest • do provide proper services to our children • are willing to work with other agencies • take the children after they say they will take them • deal with school issues • keep drugs out
DCS Desert	<ul style="list-style-type: none"> • provide transportation • provide quality care instead of warehouse children • provide good supervision • is willing to care at level
DCS Rancho Cucamonga	<ul style="list-style-type: none"> • meet the needs of children • provide extreme support especially for teens • don't depend on psychiatric medications to control children • are willing to work with the children • aware children's cultural issues
DCS San Bernardino	<ul style="list-style-type: none"> • administer insulin • deal with behavior problems • provide tough love/nurturing

Group homes with good staff are lacking in San Bernardino County as follows	
DCS CPU	<ul style="list-style-type: none"> • Group Homes with managers with education about children • Group Homes with trained staff • Group Homes with one awake staff 24 hour minimum • Group Homes with staff who can pass drug test frequently • Staff should only be allowed to work at 1 group home. No 50+ hours per week • Higher level of staff : children ratio
DCS Desert	<ul style="list-style-type: none"> • Group homes with qualified staff • Group homes with trained staff
DCS Rancho Cucamonga	<ul style="list-style-type: none"> • Group homes should have professional group home degrees
DCS San Bernardino	<ul style="list-style-type: none"> • Homes that have qualified staff/therapist on board • Homes that have appropriate and low ratio supervision

Question 2. (This question was asked of only the CPU staff)

What are some methods used to find available beds in group homes?

Network with other agents

- Meetings with source outside of the County of San Bernardino
- Inland Regional Center meetings
- Mental health collaboration
- Riverside/San Bernardino quarterly meeting
- IPC collaboration
- Probation collaboration
- Schools
- Relationship building

Resources

- Administrator's training
- Use in-house Excel program
- CPU's internal list in Excel
- CCL List
- CMS search not updated. Ineffective

Network with group homes

- Ask other group homes in area
- Cold calling to group home
- Just removed children from that bed
- Group homes call, fax, or e-mail to CPU
- E-mails/available bed list from group homes

Others

- Inland Regional Center (IRC) referral
- By zip code city, school
- Social workers request for specific home

Question 3. (This question was asked of DCS Desert, Rancho Cucamonga, and San Bernardino Regions only)

What methods are used to find group homes if they are not available in San Bernardino County?

Network with other agent

- Ask other workers
- Contact out of county
- Ask IPC – Department of Behavioral Health
- Ask group home coordinator
- Suggest to CPU of which group homes to call and check for openings

Resources

- Internet
- CCL list
- Out of state approved group home list

Network with group homes

- Call the good group homes

Others

- Find the placement myself
- IRC

Question 4. (This question was asked of Desert, Rancho Cucamonga, and San Bernardino Regions only)
If Wraparound and Family to Family are implemented countywide, what will be the impact on social workers?

Social workers will be positively impacted as follows

- Potential for reducing workload if successful
- Reduce workload

Social workers will be negatively impacted as follows

Social workers have to deal with more paperwork

- Paperwork will increase, but social workers have less time to fill out them.
- More paperwork and excessive demands on time
- More paperwork but children may not qualify for Wraparound.

Social workers' workload will increase

- These services will add extra support to children, families, and social workers, and decrease incidents and length of group home stay. However, these services also require weekly family meetings that can mean bigger time commitment for social workers.
- More staff will be needed on front end.
- A lot more meetings and work
- Time management problems will occur.
- Social workers will spend more time per a case.
- Referrals will increase. More work – Less time
- There are more occasions to for social workers involvement where they should not be involved.

Social work practice will change as follows
--

Community will be involved in

- Social work practice will become community based
- More involvement with community participants
- Clear communication with community
- Community – identified resources will increase

Service will be a child oriented

- Increase family involvement
- More services for the child

Children will stay with their family

- Family involvement will increase
- More children will remain in their own homes
- Reduce number of filings
- Less placements, eventually
- Placement changes will decrease
- Increase stable relative placements (Wraparound)

Social workers, family members, and community as a team will support a child

- Decrease focus on confidentiality and increase communication
- Decrease sole negative contact with family and increase support due to team approach
- Decrease individual decisions and increase team-based decisions
- Additional information input for case management
- Should allow for more collaboration and more options
- Additional access to resources

Others

- Timelines for Team Decision Making (TDM) on detention juvenile delinquencies
- Mixed results are expected
- Wait and see
- TDM crisis intervention (Family to Family only)
- Increase hope
- Still percentage that cannot/will not change

Question 5. If Wraparound and Family-to-Family are implemented countywide, what will be the impact on children?

Children will be positively impacted as follows
--

Children will stay in their community, and children will

- be empowered
- remain in school/community/neighborhood
- learn available resources within community
- stay in the same environment
- increase community involvement and protection of children
- increase community stability

Children and family will gain support from community, and children will,

- gain support systems
- increase communication
- let more people involve in children

Children will be able to stay with their family, and children will,

- remain in their own homes
- remain home with family
- increase family relationships
- increase voluntarily Family Maintenance and Court Family Maintenance cases
- increase Family Maintenance cases and decreased Family Reunification cases
- may decrease length of stay in some foster care cases
- increase in-home support services for families and children to maintain placement
- increase parent-child quality time with better cooperation from parents
- increase hope that children remain with family or community of origin

Social work practice will focus on children's issues, and children will

- receive services that are specific to their needs
- have a say
- provide one-on-one individual treatment for a behavior problem child

Positive outcomes from children will increase, and children will

- experience less trauma
- feel safe
- learn to address and work through their problems
- increase self-esteem
- gain insight to themselves
- impact children positively
- much better for children in theory

Stability will increase, and children will

- be in longer placements
- not be up rooted as much
- decrease confusion and increase stability of children
- decrease number of runaways
- increase stability of children
- decrease recidivism
- avoid many change of placement

Children will be negatively impacted as follows
--

- Children may be traumatized through the meeting
- May decrease safety initially

Question 6. What should group homes offer the children you place?

Group homes should teach skills

- Coping skills
- Allow the teenagers to work at jobs
- Life skills
- Manners (social skills)
- Emancipation skills
- Real world skills
- Study skills
- Jobs

Group homes should provide therapy and counseling

- Animal therapy
- Art therapy
- Better therapy
- Complete spectrum of therapy services
- Counseling
- Family counseling
- Integrated therapy routine and house routine
- Intensive therapy
- More family therapy
- Music therapy
- Qualified therapist
- Real therapy sessions with licensed therapists
- Therapy
- Therapy that meets children's needs
- Psych assessment

Group homes should provide activities

- Positive activities/events
- Expose kids to outside extra-curricular activities, i.e., softball, art classes
- Family visits
- Field trips
- Increase social/recreational activities and outings
- Regular shopping trips for clothes
- Supervised visitation/including transportation
- Activities
- Outings in addition to movies, amusement parks and fast food

Group homes should provide better environment for children

Group home should provide:

- Home like environment
- More one-on-one time and attention
- Nurturing environment
- Sense of safety
- Structured environment
- Nurturing/love/understanding
- Compassion for the children they serve
- Supportive and caring environment
- Supportive environment
- Consistency
- A family-like environment with extra services and well trained staff

Group Homes should provide good quality services through qualified staff

Group home needs to hire:

- Long-time veteran staff
- Qualified staff
- Well-trained staff who are empathetic and knowledgeable about needs of kids
- Staff that understand troubled kids
- Trained/educated staff
- Staff/owners that don't trigger staff/kids
- At least one staff who are on kids side
- Staff trained to work with schizophrenia and borderline clients
- Stable staff
- No staff that worked at many previous group homes.
- Staff be willing and able to fax 30 day report with SIR summary

Group homes should improve:

- Communication among group home staff
- Staff wage
- Staff-Child ratio

Quality of the following facility commodities should be improved

- Better looking homes
- Transportation
- Clothing
- Food choices for kids
- Meals
- Provide transportation to court hearings and placements
- Transportation to jobs, court, therapy
- Animals except for animal abusers
- Real food not frozen or from a box
- Three meals per day and snacks
- Appropriate clothes
- Clean, organized
- The same things children have who are not in custody
- Transportation

Group home should improve management of facilities

- 24/7 services
- Progress reports on behavior
- Consistent monitoring of needs: education, phys health, mental health, etc.
- Consistency
- Less chaos
- Adequate supervision
- Recognizing client rights
- Legible incident reports
- Quarterly progress reports
- More patience, the kids have issues
- Communication with SW's
- School success, Family success
- Keep difficult children
- Reports written in appropriate and proper English
- Serious incidents reports that are professional
- No 5150 (24 hours hospitalization)
- No 7 day notices

Group home should individualize services for children
--

- Meet the individual child's needs (not a warehouse)
- Responsive to kids needs, mental, medical, etc.
- Acceptance of them as individuals – not their behaviors
- Understanding/compassion/care/concern
- Good quality care and supervision
- Respectful to the kids
- Not punitive
- Program, that is modified to meet each child's needs
- Willing to provide one-on-one
- 1:1 services
- Understanding of child's needs
- Individualized to child services not generic

Group Homes should provide better programs.
--

- Programs to boost self-esteem
- Independent living skills
- Mentorship
- What to do when child is displaying aggressive behaviors
- Self help
- School programs
- Tutoring
- Driving (license) program
- Cooking programs
- In home 12 step
- Psych evaluation and timely evaluation
- Actually do what program statement claims
- Specific program, not generic programs

Group Homes should provide better treatment or care
--

- Child specific treatment and care
- Child specific treatment plans
- Facilitation of drug treatment
- Substance abuse treatment
- Individually designed treatment plans – not one session fits all
- Higher level of care

Other

- Patience
- Understanding
- 24-hour group home placement options
- Stability
- Successful placements
- Long term placements
- Smaller age ranges in homes
- Commitment to child's stable placement
- Positive role models
- More supervision
- Good psychiatrist
- Medication management
- Have a structured program
- Encourage more family contact
- Cultural sensitivity
- Appropriate services

Question 7. What are some reasons children stay in group homes longer than planned?

Children with certain demographical characteristics stay at group homes longer than others

- Older children
- Lack of foster homes to take older children
- Limited foster placements for ages 15+ - especially boys

Safety for children.

- Safety issue
- These children are still at risk in a lower level of care.

Social workers are too overloaded to find other placement
--

- Social worker work load
- Moving a child from stable group home placement can be a big risk to kids = more work for social workers

There are no other options

- No available families or relatives
- Lack of non-related adults interested and committed to child
- No options for lower level of care
- Very few options in foster care for them to move to
- No structured foster homes available
- Lack of concurrent plan/alternatives
- Lack of alternatives
- No other lower level of care placements
- Parents/foster parents still not able to parent behaviors
- Possible lower level of care (relative, etc.) falls through – change of life circumstances, etc.

Children have problematic behavior

- Behavior
- Not adoptable due to severe behavioral problems

Children's behavior is not improved through group home placement

- Lack of effective treatment
- Regression in behaviors
- Group home doesn't support child's goal of returning to lower level of care
- No progress for lower level transition
- They learn new bad behaviors
- Child's behavior does not improve
- Child has severe behaviors and learns more
- Group homes exacerbates behavior
- Group home therapy is not effective
- Not getting needs met by group home so behavioral problems linger and eventually get worse
- Child's behavior does not improve because the environment does not address child's needs
- Therapists rarely recommend that child would be successful in lower level
- Behavior needs not met or addressed
- Treatment needs
- Lack of group home follow-through causes kids to have huge gaps in needed services
- No services were provided during placement, so they did not improve, so they stay

Children do not make effort to go to lower care

- Children essentially give up. Tired of being "in system"
- Children become complacent and sabotage efforts to place in foster home
- Children run from placement and don't stay long enough to get help

Family decision making

- Parents seem to be satisfied with leaving them in group home and just visit
- Parents don't reunify with child

Children experience "Out of Home Abuse"

- They are further abused

Question 8. What are some reasons group homes do not maintain a child's placement?

Children experience "Out of Home Abuse"

- Children abused in group homes

Children cannot fit to the particular group homes

- Children feel fear
- Child does not fit in
- Child can't get along with other residents
- Personality conflicts

Group homes close and children have to move to other residential care

- Closing
- Group home's close down due to non-compliance with regulations

Children's behavior is too problematic for group homes to handle

- Multiple AWOL's
- Inability to cope with children's behavior
- Child vandalizes group home
- Property destruction
- Substance abuse by the children
- Children refuse to cooperate
- Group homes not committing to child
- Group homes are lacking creativity when working with troubled children
- Staff not willing to deal with child's problematic behavior
- Group homes are not willing to provide services specific to child's needs
- Group home staff are not trained to work with challenging kids
- Child become too much trouble for them
- "Creaming" - keep only the good/easy kids

There is no appropriate treatment program and staff to take care of children

- Unable to find needed resources
- No appropriate treatment for child
- Unable to meet child's needs
- Poor treatment program
- Child not placed in appropriate level
- Not invested in child
- Too many "needs" of child, especially FR cases – court, visits, treatment
- Lack of compassion/understanding at the group home
- Group home becomes a "warehouse" for child
- Need quality therapy
- Lack of resources/staffing/services in the group home
- Unable to meet child's needs/behavior
- Medication management/lack of
- Group homes do not follow program
- Lack of services to child = behavioral problems = placement ended
- Unqualified staff
- Lack of staff/structure makes group home feel unstable and kids escalate

Safety for other children is jeopardized

- Liability issues
- Sexualized behavior with other residents
- Safety of other residents

Other

- Payment not received
- Punitive stance towards the child

6-5 Probation Focus Group Results

Question 1. What types of group homes are lacking in San Bernardino County?

The following categories of group homes are lacking in San Bernardino County

- Dual diagnosis facility
- Secure mental health facilities
- Secure female facilities

Group homes providing the following programs are lacking in San Bernardino County

- Boot camps
- Female program
- Intensive drug program
- Emancipation

Group homes for the following specific populations are lacking in San Bernardino County

- Transitional living
- Fire setters
- Seriously emotionally disturbed children and Children with mental health issues
- Children with low IQ
- Violent sex offenders & sex offenders

Group homes providing the following services are lacking in San Bernardino County

- Group homes that can handle gang issues.

Question 2. In your opinion, how could Vision Quest improve their services?

Improve administration's awareness of issues at Vision Quest

- Administration should be improved
- Do not rely on probation officers to run programs
- Contract should be changed
- No quota on number of minors
- Supervision should be improved
- CCL requirements should be complied with

Improve programs and services

- Medicals, dentals, and follow up services should be improved
- Conduct their own transportation services
- Vision Quest needs to keep minors safe
- Minors need appropriate supervision
- Services in general should be improved
- Family reunification program should be improved
- Provide mental health services
- Better therapy should be provided
- Prevent AWOLs
- Care about the wards instead of the money
- Stop accepting wards they cannot help
- Appropriate assessments should be conducted

Improve relationship with the County of San Bernardino

- Be honest to probation officer
- Give probation officers progress on youth in order to avoid last minute terminations
- Improve communication
- Respond to Probation

Improve staffing issues

- Staffing
- Hire better staff
- Stabilize and train staff
- Lower staff turnaround
- Pay better to attract qualified people
- Improve staff training

Question 3. In what ways has Vision Quest influenced finding group home placements?

- Less children are referred to more appropriate placements
- Damaged relationships with other placements (programs)
- Group homes with good programs work with other counties not with the County of San Bernardino
- Other group homes are stuck receiving children after Vision Quest failed children
- Good programs were closed
- Increased the number of AWOL's
- We have to fill beds, so other group homes are affected
- Placements are not meeting ward's needs
- Wards that require lower RCL have to go to Vision Quest.
- Wards go to Vision Quest in RCL 12 even though they should be placed at group homes in lower RCL
- Wards are sent to Vision Quest that cannot sufficiently deal with the children
- Mental health needs are not met at Vision Quest. Other program should be used.

Question 4. What methods are used to find group homes if they are not available in San Bernardino County?

- Use Program monitor tools – contact other agencies
- Talk to licensing for recommendations
- Talk to other county Probation departments for recommendation
- Check Website

Question 5. Since Probation has a time limitation for placements, what happens to minors who need more time in placement?

- Extend them until they learn
- Can be extended
- Removal and re-place
- Terminal disposition

Question 6. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on Probation staff?

- We would be happy
- More resources for Probation
- Family would learn parenting skills instead of probation officers being parent
- Possibly a better relationship between other placing agencies
- More home visits may be required
- More support for supervising children
- Recidivism would decrease
- Should be implemented at the beginning of Probation services

Question 7. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on children?

- Children will gain more immediate support
- They will remain in the home out of custody
- Wards feel more supported – more agencies and people will be involved with them
- There will be less of a punitive angle and more helpful and counseling angle
- Their parents would be helped
- Family changes – not just wards
- Less “stress” on family unit
- Better assessment will be provided
- Children's needs will be met earlier
- Ward will be in a familiar environment, and possibly there will be less AWOL.
- Fewer children will be removed from family. That can be good and bad for children.
- More accountability for wards
- Possibly wards will not re-offend
- They would attend school regularly
- Wards will receive quality services
- There is less risk of being victimized at a group homes

Question 8. What should group homes offer the children you place?

Group homes should provide better programs

- Aspects that show there are rewards for great behavior, such as trips, going to movies, etc.
- Do all the things their program statement says they will do
- Graffiti removal programs
- Community service
- Responsibility for themselves

Group homes should teach skills

- Independent living skills
- Safe-sex practices
- How to be parents to their young children
- Emancipation skills
- Employment opportunity
- How to build appropriate relationships with youth; role models
- Educational services

Group homes should provide therapy or counseling

- More therapeutic environment, less detention environment
- Therapy/counseling
- Therapy
- Family counseling/reunification
- Real family counseling
- Family counseling
- Real drug/alcohol services

Group homes should provide activities

- Provide activities to fill “down-time”

Group homes should provide services

- Medi-Cal and dental services
- Clothes
- Things that are essential for living
- Safety

Group homes should provide better environment

- Build relationships between children and community they live in
- Safe environment

Group homes should provide good quality services through qualified staff

- Quality staff

Group homes should provide individualized services

- Programs for their specific needs
- More individualized treatment plans

Other

- Realistic expectations for minors
- Provide for basic needs

6-6 DBH Focus Group Results

Question 1. What types of group homes are lacking in San Bernardino County?

The following categories of group homes are lacking in San Bernardino County

- Locked facility
- Group homes in RCL 14 for young children
- Group homes in RCL 14
- Group homes for Younger age
- Safe house (short-term placement)
- Group homes for Dual diagnosis children (mental illness & developmentally disabled)
- Group homes for Dual diagnosis children (alcohol & mental illness)

Group homes providing the following programs are lacking in San Bernardino County
--

- Conduct disorder treatments
- Emancipation homes (girls & boys)
- Drug & alcohol treatment
- Vocational training focus program
- Activity (i.e., art, sports, music)

Group homes for the following specific population are lacking in San Bernardino County

Homes for :

- Transitional age youth
- Cutters
- Psychopath
- Psychotic
- Victims
- Female/male perpetrator
- Child molesters
- Fire setters
- Eating disorder
- Sex offenders
- PDD spectrum children
- Borderline intellect
- Children with AWOL behaviors

Question 2. What methods are used to find group homes if they are not available in San Bernardino County?

Network with other agents

- Word of mouth
- Ask foster parents
- Talk with school, probation & advocates about facilities they use or are familiar with
- Contact IPC
- Collaborate with other agencies within the county
- Network with colleagues
- Call Central Placement Unit
- Ask parents to research, then follow up
- Call CCL
- Collaborate with other counties
- Collaborate with other staff at DBH
- Call other county Department of Mental Health for referrals
- Utilize facilities in other counties (Oak Grove, New Haven)
- Contact other counties
- Bargain with agencies

Resources

- Internet search
- Group home list
- Boys and girls club

Others

- Leave them where they are
- Use what's familiar
- Reputation

Question 3. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on social workers?

Social workers will be positively impacted as follows

- Less burnout, more positive outcomes
- Increase in morale
- Smaller caseloads
- Could make their job easier re: looking for less placements (i.e., less failed placements)
- Worker can focus on higher level goals – not just behavior management
- Good concept – may have kinks
- More job retention
- No more dump jobs

Social workers will be negatively impacted as follows
--

- More labor intensive
- Increase in drug and alcohol therapy for family
- Deal with a lot of request for financial/tangible assistance
- More mental health referrals for family members
- Will need more fact-to-face contact
- SW provides a lot of parenting training/support
- SW would be more clinical
- Required to look at kids needs

Social work practice will change as follows
--

- Family focused social work

Other

- Lots of linkage for family members
- Increase transportation available
- More training
- Unknown at present

Question 4. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on children?

Children will be more stable

- More opportunity to have stable friends
- Maintain friendships relationships
- Increase in belongingness
- They would feel valued by family
- Less rejection
- More stability
- Decrease in drive-bys
- Increased support
- Decrease in impulsivity
- Near family, increase contact
- Less failed placements

Children will be influenced positively as follows
--

- Increase in self-esteem
- Better school performance in some cases
- In some cases, less mental health needs
- Children will turn into more functional adults
- Decrease in teen pregnancies
- More normalized life
- Less stigma
- More positive outcome

Children will be influenced negatively as follows.

- More abuse
- Possibly more opportunity for continued emotional abuse
- Keep gang together
- Decrease in adjustment
- Decomposition due to family dynamics
- More drugs and alcohol use in some cases
- Less opportunity for positive role models
- Less resources as young adult

Other

- Their attachment issues can be better addressed
- Increase in trust of system
- Increase in paychecks for some parents
- Less generational welfare lifestyle or more

Question 5. What should group homes offer the children you place?

Group Homes should provide better care

- Proactive programs
- Creativity in treatment
- Quality of care

Group homes should teach skills

- Skills or training for transitional age youth
- Job training
- Vocational role models

Group homes should provide activities

- Connecting kids to community resources (i.e., ballet, baseball)
- Outside activities
- Access to extra activities
- Access to more sports
- Quality activities

Group homes should provide better services

- High quality
- Consistency
- Structure
- Healthy nutrition
- Respect, interest, concern, structure, energy, routine, individualized programs, as needed

Group homes should provide better environment

- Healthy role models
- Empowerment

Group Homes should provide good quality services through qualified staff

- Long term, well trained, committed staff
- Supervision between line staff and therapist re: interacting with kids
- More educational requirements for line staff
- Listening to the kids
- Active listening
- Understanding S.E.D. (seriously emotionally disturbed)
- Sense of humor
- Being open minded
- Effective commands
- Appropriate boundaries
- More pay for line staff
- Collaboration between therapists and line staff needs
- Staff who do not yell at children
- Consistent staff
- Appropriately trained house staff

Group homes should provide individualized services

- Client driven treatment should be provided.
- Group home should address individual needs.

Other

- Hope for better life

6-7 Children's Network Policy Council Focus Group Results

Question 1. Within the next 3 years, how do you see your agency working with group homes?

- More collaborative approach will be taken among DCS, Probation, and DBH for placement of children with specialized needs.
- Competitiveness with group home contractors for specialized beds will be elevated.
- Placing departments should assist the group home contractors to have a degree of accountability in respects to CCL (Community Care Licensing).
- Riverside and San Bernardino County staff along with CCL staff meets every other week to discuss FFA and other placement facility issues. If issues arise, both counties place the facility on hold, which really impacts the facility.

Question 2. What is the most challenging thing for your agency/department surrounding group home placement?

- There are still issues with group homes not adequately staffing for dual diagnosis beds. In order to provide appropriate quality of care for children, group home providers should resolve staffing issues. It must be necessary for group home staff to deal with the mental health issues.
- Placing departments needs to make efforts to get a group home to handle specifically just dual diagnosis and developmentally disabled with substance abuse youth.
- Over the years DCS has looked for crisis assessment beds on a short-term basis such as the YMCA in San Bernardino. It was to be for high level of care for 30 to 60 days, not an emergency shelter. It would be for children that had specific behavior problems.
- We need crisis residential treatment beds for mental health issues in group homes. Specifically, like a program in Sonoma County that was a shelter that had 6 beds in an intensive day treatment program that stabilized children.
- We need crisis beds that would be in a locked facility. They range from \$700 per day, but the issue would be San Bernardino County would not be able to keep the beds all full. There are 3 beds in Torrance; years ago there were beds in Riverside.

Question 3. Do you foresee any departmental policies, or regulation/law changes that affect your department?

- The Katie A lawsuit filed in Los Angeles County on behalf of the State that affects EPSDT funding and all children in foster care.
- All children in foster care with a mental illness diagnosis must be responded through therapeutic intervention by DBH staff or their contractors.
- The legislative branch – California Alliance Rates and Level of Care and there will be lots of planning the next 5 years.
- There will be lots of support of programs for the foster youth aging out through Prop. 63 by DBH.
- In the future DCS, DBH, and Probation will be demonstrating through collaborative efforts in writing RFP (Request for Proposals) that they want more services targeted for children of ethnic origins.
- WDD (Workforce Development Department) will be collaborating more in the future with other county departments so that more youth will have an opportunity to get jobs. It is especially important to engage the foster youth by age 16.
- Through Prop. 63 there will be Crisis Response teams that will be operating 24/7 and will be a step down system from hospital placements.

Question 4. Assuming we divert more children from group homes through Wraparound. What do you see as the role of the group homes within the next 5 to10 years?

- We would like to see more group homes like the 135-year program of Holly Grove that was able to shut down the residential program and serve children through other programs. EMQ is another program that has been around for 146 years that has transitioned itself to a Wraparound format.
- Group homes need to develop programs that have needs specific to the children and have a safe environment.
- Group Homes can focus on specific diagnoses such as eating disorders that would be a short-term resolution program for 6 to 12 weeks. Another one could be for an out of control family and how best to support them.
- Through the above discussion it was mentioned that these models are very expensive in a group home setting.
- Good programs are very expensive in a group home setting. The crisis bed could cost as much as \$800 to \$900 per day, but group homes in RCL14 are paid \$6300 and \$50 patch. Needed to find ways of funding.

Question 5. What types of support services could the County of San Bernardino provide to group home providers in order to improve the County of San Bernardino's Foster Care services?

- Through EPSDT the mental health patch for intensive services in group homes can be obtained.
- Probation Officers are assigned to the group homes and not to children placed in them, so that makes it where children end up with lots of workers. Those types of practice modification may help to improve services.
- In DCS the Group Home Coordinator is consistent. The Group Home Coordinator attends meetings and is involved in discharge planning.
- The County of San Bernardino can provide training to group home managements or staff. When the CSOC (Children's System of Care) was in operation in this county, there were more providers training to the group homes and they were receptive.
- In order for DBH to capture EPSDT funds, DBH will need more contract compliance staff to monitor group homes.

6-8 Juvenile Court Focus Group Results

Question 1. What are the positives about placing children in Group Homes?

- Group homes provide the level of service for the children in that setting to be available in an individual foster home
- Children can raise each other. The older kids can mentor, hopefully in a positive manner. (Sometimes it is not so positive, because they can pick up on each other's behaviors.)
- Delinquent children get out of the negative environment or situation to new places where they are supervised and given positive direction
- On dependency side, it is better for children to get off the street
- That has been a concern of the kids being emancipated and having no place to live with lingering behavioral or mental health issues, Prop. 63 are going to set-up that supportive living situation hopefully within the next year. That will be a nice adjunct to the foster care system.
- Group homes in RCL 12 or 13 are more structured environment for children. Foster home is often not prepared to be consequential neither structured to help children come from chaos. Structure seems to come at real healthy role that children cannot get enough in the ordinary family settings.
- There are reports sometimes where a child has not done as well in a foster home and really does respond to the structure of a group home setting. The grades, behavior starts improving after they are placed in a strict environment. There have been children who probably had no chance of ever getting home and believe it or not, they have stabilized enough, the rewards concept enough, consequences for their behavior gets to spend more and more time at home.

Question 2. What are the negatives about placing children in Group Homes?

- The bad mentoring, the increased cost, the giving up of hope for some of these children
- When Probation kids are in the system and in a group home, they lose family piece
- Children lose the proximity of their own homes
- Children run away and some group homes do not have strategies to deal with that
- When young children, such as six or five year olds, are placed in group homes secondary after other placements. The children get a sense that they have failed the placement. Regardless of whose fault it is, they get that sense. Because of the sense, their behavior results in the failure.
- There is less accountability. We have to be able to see if children are making progress and if that particular group home structured program is suited really for that particular child's needs.
- These are two long-term issues. One is quality of care. We have to discuss how good is quality of care and how do you measure that. Secondly, we have to find how to match child to program and the more effective way to do that. Unfortunately, we all know so many times we all know it is the bed that is open that drives the placement, not necessarily the needs of the child unfortunately.
- The biggest concerns are reunification services. I think that is a large challenge particularly with the higher-level group homes. Due to the lack of beds in RCL 14 in San Bernardino County, children are placed in out of county, and the far distances prohibit the families in reunification, which leads set the kids up to fail.
- The type of services and supervision that is really being offered in the group home is one of concerns. Low-level group homes, or non-specialized group homes provide superficial services. For \$5600 a month, that is high price babysitting for the kids not getting any better.
- Sometimes the group home will take the contract psychiatrist who is on the inexpensive side or who is available and that is the key player and we have had repeated problems where they don't have face-to-face and we have to court them. It seems to be an on-going problem.
- On education, we sometimes have had children in group homes doing well, and have complained they were not able to participate in the extracurricular school activities, clubs, sports because the group home won't let them, supervision issues and builds to disappointment that contributes to AWOL status and behavior problems.

Question 3. What is a group home's role in educating children?

- Group homes should provide opportunities for children to obtain living skills or work experience. Education from school is important but children have to get out from group homes after they reach 18 years old. Children have to be ready to get jobs and live independently while they are in group homes.
- Group home should provide good emancipation programs
- When we had our pre-audit recently, an attorney pointed out the need for all of us in dependency for us in reviewing the transitioning ILP plan for 16 and over to move forward. Focus more on monitoring the ILP plan from our side, and provide more support and encouragement.
- Setting up the system in the group home based on the individual needs of the child instead of one size fits all, which is the way many group homes run their systems.

Question 4. What are the issues concerning psychotropic medications of children within group homes?

- Sometimes parental rights terminated, so there is no check off for the parents' attorneys.
- A concern mentioned on the new form, attempt to contact the DBH physician, psychiatrist who sometimes doesn't review a board certified or board eligible psychiatrist who is a part of DBH.
- There are children who have had provided the wrong medication in a group home.

Question 5. Do you have any suggestions for improving Group Homes in San Bernardino County?

- These are generally the kids that are more mainstream kids, they don't necessarily have highly specialized needs, but they have high-risk or AWOL behaviors and multiple placements. They need to have a secure facility with someone other than babysitters, that will give them education, etc.
- The County of San Bernardino still needs more beds for the young ladies that can't quite make it in that setting. There are some really good group homes that deal with girls and their children.
- The County San Bernardino needs locked facility, such as Old Woman Springs Road in Lucerne Valley and Twenty-Nine Palms would be appropriate, because no one would run away from there.

6-9 IPC Focus Group Results

Question 1. Are there any ideas to improve IPC?

- IPC is implemented in 75% of the county currently; there may be problems with IPC going countywide.
- IPC may get unwieldy and will not meet the needs of the county since IPC is not designed for a large county as San Bernardino.
- DCS social workers may have time to refer children to wraparound – a wrap child would have to be in an RCL 12 placement and doing well enough to return home with intensive services. If the child is doing well, why move them to a placement that would require a higher commitment from the social worker? Placement services under Wraparound philosophy are voluntary and it would increase the SW's workload.

Question 2. How can group homes improve?

- Group homes should increase ability to contain children. (e.g. prevent AWOLs)
- Group homes should increase meaningful activities for the minors.
- Group homes should create a structure program and implement the program.
- Group home should tailor the program to the child, not expect the child to tailor him/her to the program.
- Proximity of the group homes located in downtown to transportation or friends leads to AWOLs. These group homes should make more effort to prevent AWOLs.
- IRC needs to start placing children, and stop referring the children to DBH or DCS.

Question 3. What services are needs in San Bernardino County?

- Better ILP/emancipation services
- Dual Diagnosis programs
- Beds for fire setters (small number of minors)
- Group homes that are isolated, but reasonably close to families, such as group homes located at high desert.
- Emancipation program

Question 4. Why does DBH place children out of state?

- Since DBH supervised placements are parent driven, they have greater input on where the child is placed. Parents drive out to facilities in San Bernardino County and see poorly maintained or run facilities, and prefer better facilities.
- The out of state facilities that DBH use are: more consistent, better containment, more activities for the minors, more staffing training (better staff training), increase communications/involvement between the line staff and the therapists.
- Increased commitment to the minor: At the out of state group home facility, when a minor runs away, they have a team who shadows the minor until they return, or if a minor is hospitalized they have a staff member stay with them while they are in the hospital. In county group homes see a minor's hospitalization as a way to discharge a problem child.
- Some times, out of state group homes agree the same pay scale of RCL14 and/or receive a couple of month's payment through the parent's private insurance.

Question 5. Are there any opinions or concerns regarding EPSDT issues?

- DBH says EPSDT group home contracts do not meet their needs because many of their children with mental health issues are not eligible for Medi-Cal. And they would not be able to use that group home facility if DBH minor is not eligible for Medi-Cal.
- They would prefer a larger list of fee for services mental health contacts rather than increase EPSDT utilization.

Question 6. Has IPC seen a decrease in RCL 14 placements due to Wraparound or F2F?

- DBH do not think the decrease in RCL 14 request is because of F2F or wraparound. They have seen a decrease in requests to placements in SHAC (which is closed), and Metro (which has a poor program). They have seen an increase in minors placed out of state.
- They believe that Wraparound has had no impact on the RCL 14 placements of DCS or Probation supervised children, nor on the DBH supervised children.

Question 7. Group homes were conceptualized as a short-term facility (6 months), is that happening with RCL 14 homes?

- On average a minor placed in an RCL 14 home spends a year there, and then goes to a lower level of care.
- 90% of the minors who age out of the system and who are placed in adult facilities fail their placements. The adult facilities complain that we fail to prepare the minors for adult life. They go from a very highly structured environment to complete freedom in an adult facility and DBH supervised children are not prepared for it.
- The RCL 14 group homes are not preparing the youths for adult life, nor providing them with adult skills.

Questions 8. What are the issues surround RCL 14 group homes in San Bernardino County?

- Main problem is containment – too many minors are running away from their placement. The group homes need to offer better or more activities to keep the children engaged.

Question 9. What would they like to see?

- The county needs to have a better system in place to provide the group home facilities with feedback of what is going on, what is not working, how they can improve, and what they are doing right. The feedback needs to be non-judgmental. (In Nov 2005, they had an agency/group home meeting – however, the providers who were having problems did not show up.)
- Group home providers and the county need to set up a better system, so that the group homes providers understand the departmental issues.
- The group home facilities need to be more homes like and their non-public schools (on site) need to look more school like.

Section 7: Fiscal Impact of Group Home Payment on San Bernardino County

Group home providers operate in San Bernardino County as state licensed, not-for-profit businesses. Providers receive payments from the Aid to Families with Dependent Children – Foster Care Program (AFDC-FC). As of June 2006, the average monthly payment per bed was approximately \$4,660.

Bed payments to group homes in San Bernardino County impact the County's economy in several ways. For example, group homes spend their revenue in their community. Usually group homes hire staff locally, pay property tax, and purchase goods and services locally. Placements by other counties bring revenues to the local economy. Also, the number of placements immediately impacts the County's expenditures, as the County pays a share of the cost. Section 7 analyzes the bed payments group homes received from the County in 2005.

7-1. Estimated Payment to Group Home Providers by Beds

As previously mentioned in Section 3, group homes in San Bernardino County accept children supervised by San Bernardino as well as other counties. Section 7-1 estimates the total bed payments that group home facilities in San Bernardino County received.

Estimated payments are summarized in Table 7-1. According to the RCL list updated on March 14, 2006 on the California State Department of Social Services web site, there are 1,091 group home beds in San Bernardino County. According to the number of beds and RCLs, the total monthly payments group homes in San Bernardino County received was estimated to be approximately \$5 million dollars in March 2006.

(Table 7-1) Approximate Estimation of Monthly Bed Payment

City \ RCL (Monthly Payment per Bed)	4 (2,589)	5 (2,966)	8 (4,102)	9 (4,479)	10 (4,858)	11 (5,234)	12 (5,613)	14 (6,371)	Beds by City	\$
Alta Loma			6						6	\$24,612
Apple Valley						18	86		104	\$576,930
Bloomington						6	49		55	\$306,441
Chino						12	36		48	\$264,876
Chino Hills	14	148							162	\$475,214
Colton							6		6	\$33,678
Crestline						12			12	\$62,808
Devore					26				26	\$126,308
Fontana						23	22		45	\$243,868
Hesperia							96		96	\$538,848
Highland					12			6	18	\$96,522
Mentone						14	44		58	\$320,248
Ontario			6		12				18	\$82,908
Rancho Cucamonga					18				18	\$87,444
Redlands						40	20		60	\$321,620
Rialto			12		30	18	16		76	\$378,984
San Bernardino				12	48	18	18	6	102	\$287,220
Upland			6		6				12	\$53,760
Victorville					18	6			24	\$118,848
Yucaipa							108	12	120	\$682,656
<i>RCL Beds Total</i>	14	148	30	12	170	167	501	24	1,091	\$5,083,793

7-2. Payment to Group Home Facilities from San Bernardino County

Due to data limitations, we are unable to access AFDC-FC payment information made by other counties to San Bernardino County group home providers. However, we can examine the AFDC-FC payment made on behalf of San Bernardino County group home foster children who were placed by DCS, Probation, and DBH within the County and in other counties.

Table 7-2 and Graph 7-1 describe bed payments made by the three placing departments.

DCS placed a total of 754 children in group homes in calendar year 2005. Payment information was matched to the child welfare database for 90.05% (n = 679) of the children. Of the total \$27,316,392 annual bed payments for 679 children, San Bernardino paid 54.38% (\$14,854,905) to group homes in San Bernardino County, and 44.75% (\$12,225,037) to facilities outside of San Bernardino County.

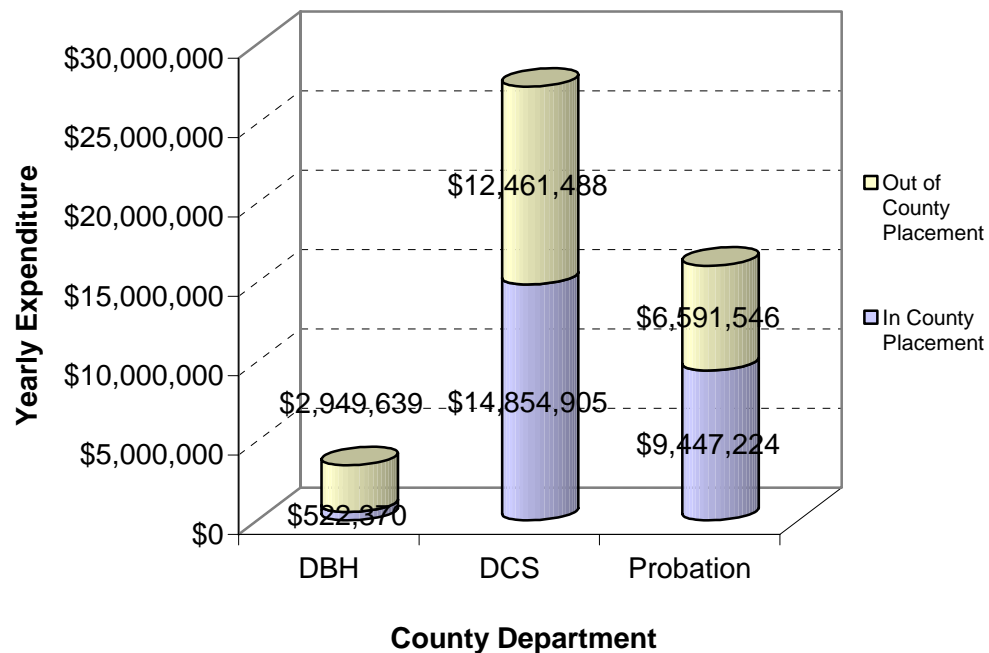
Probation placed a total of 685 children, and paid a total of \$16,038,770 in 2005. Of the total payments, the County paid 58.90% (\$9,447,224) to group homes in San Bernardino County, and 41.10% (\$6,591,546) to group homes outside of San Bernardino County.

DBH placed 84 children, and made a total \$3,472,009 payments in 2005. Of the total payments, the County paid 15.05% (\$522,370) to group homes in San Bernardino County, and 84.95% (\$2,949,639) to group homes outside of San Bernardino County.

(Table 7-2) Group Home Placement Expenditure by San Bernardino County Placing Department and Location (2005)

	DCS	Probation	DBH	Total
In County Placement Expenditures	\$14,854,905 (54.75%)	\$9,447,224 (58.90%)	\$522,370 (15.05%)	\$24,824,499 (53.01%)
Out of County Placement Expenditures	\$12,461,488 (44.75%)	\$6,591,546 (41.10%)	\$2,949,639 (84.95%)	\$22,002,673 (46.99%)
Total Placement Expenditures	\$27,316,392	\$16,038,770	\$3,472,009	\$46,827,171
Total Children Placed in Group Homes in 2005	679	685	84	1448

(Graph 7-1) Group Home Placement Expenditures by San Bernardino County Placing Departments and Locations (2005)



DCS spent \$27,316,392 in 2005 for group home placements. Table 7-3 describes additional information on the amount of payment received by group homes based on location.

(Table 7-3)

Group Home Location	\$	%
San Bernardino County	\$14,854,905	54.38%
Other Counties in California	\$12,225,037	44.75%
Out of California	\$107,716	0.39%
Other ¹	\$128,735	0.47%
Total	\$27,316,392	

Table 7-4 describes the payment distribution (\$14,854,905) to group homes in San Bernardino County by city. The amount of payment by city is also compared with the median household income for each city.

(Table 7-4)

City/Town/Area	AFDC-FC Placement Expenditures in 2005	Number of Children Placed in 2005	Median Household Income for the City (Census 2000)
ALTA LOMA	\$90,830	2	Part of Rancho Cucamonga
APPLE VALLEY	\$16,839	1	\$40,421
BLOOMINGTON	\$2,040,935	84	\$34,106
CHINO	\$337,835	7	\$55,401
COLTON	\$106,228	6	\$35,777
DEVORE	\$75,058	20	Part of San Bernardino
FONTANA	\$770,839	20	\$45,782
HIGHLAND	\$415,437	12	\$41,230
MENTONE	\$181,674	6	\$41,225
ONTARIO	\$510,490	20	\$42,452
RANCHO CUCAMONGA	\$231,987	13	\$60,931
REDLANDS	\$1,653,515	39	\$48,155
RIALTO	\$2,205,701	91	\$41,254
SAN BERNARDINO	\$1,960,062	74	\$31,140
UPLAND	\$483,597	13	\$48,734
VICTORVILLE	\$834,180	32	\$36,187
YUCAIPA	\$2,309,266	41	\$39,144
Total	\$14,224,473 ²	481 ³	

¹ Payments to group home providers that have facilities in multiple counties

² Cities where the payments were made could not be identified for \$630,432 due to the multiple locations of group home facilities in California.

³ Information on DCS supervised foster children in group homes and the AFDC-FC payment record in the welfare database (C-IV) were matched with CWS/CMS. Since some group home providers have multiple facilities across counties and states, the complete payment information by group home locations could not be obtained. Out of the 754 children in group homes in 2005, data for 481 children from these two databases have been matched.

Appendix A. Group Home Provider Survey (San Bernardino County)

1. Do you accept County of San Bernardino placement?

- ☐ Yes
☐ No ⇒ Please go to **Question 1(a)**

1 (a) **If No**, would you be willing to accept County of San Bernardino placements?

- ☐ Yes
☐ No (If no, why not?) _____

2. Do you accept placements from outside of San Bernardino County?

- ☐ Yes ⇒ Please go to **Question 2(a)**
☐ No

2 (a) **If Yes**, do you have a contract with other county?

- ☐ Yes ⇒ Please describe the contract _____

☐ No

3. What type of placements do you take? (Please check all that apply.)

(Please check all that apply):

- ☐ Probation (602/Wards)
☐ Department of Children's Services (dependency placements)
☐ Department of Behavioral Health – seriously emotionally disturbed children (SED)
☐ Private placements
☐ Inland Regional Center

4. What services do you currently provide?

- | | |
|--|--|
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Non-Public School |
| <input type="checkbox"/> Case management | <input type="checkbox"/> TBS |
| <input type="checkbox"/> Medication Services | <input type="checkbox"/> Dual Diagnosis |
| <input type="checkbox"/> Intensive Day Treatment | <input type="checkbox"/> Crisis Intervention |
| <input type="checkbox"/> Other (Please specify: _____) | |
| <input type="checkbox"/> Other (Please specify: _____) | |

5 (a) What populations do you currently provide treatments for?
Please check all boxes that apply under "Current Programs"

(b) If the San Bernardino County moratorium on approving letters of support for expansion was lifted, would you like to add other treatments for other populations?

- ☐ Yes ⇒ Please check all boxes that apply under "Planning to Add"
☐ No

Current Programs	Planning to Add	Current Programs	Planning to Add
<input type="checkbox"/>	<input type="checkbox"/> Attachment Disorder	<input type="checkbox"/>	<input type="checkbox"/> History of property destruction
<input type="checkbox"/>	<input type="checkbox"/> Assaultive / Homicidal	<input type="checkbox"/>	<input type="checkbox"/> IEP (Individualized Education Plan) issues
<input type="checkbox"/>	<input type="checkbox"/> Diabetic requires RN	<input type="checkbox"/>	<input type="checkbox"/> Medically Fragile Infants
<input type="checkbox"/>	<input type="checkbox"/> Children 18 and older	<input type="checkbox"/>	<input type="checkbox"/> Multiple Failed Placements
<input type="checkbox"/>	<input type="checkbox"/> Dual Diagnosis - Developmental	<input type="checkbox"/>	<input type="checkbox"/> Non-ambulatory
<input type="checkbox"/>	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/>	<input type="checkbox"/> Pregnant/Parenting Teens
<input type="checkbox"/>	<input type="checkbox"/> Emancipation Program	<input type="checkbox"/>	<input type="checkbox"/> Serious Emotional Disorder
<input type="checkbox"/>	<input type="checkbox"/> Enuresis/Encopresis	<input type="checkbox"/>	<input type="checkbox"/> Requires intensive psychiatric management
<input type="checkbox"/>	<input type="checkbox"/> Female placements	<input type="checkbox"/>	<input type="checkbox"/> Sibling placements
<input type="checkbox"/>	<input type="checkbox"/> Fire-setters	<input type="checkbox"/>	<input type="checkbox"/> Severe Behavioral Problems/Conduct disorders
<input type="checkbox"/>	<input type="checkbox"/> Frequent AWOLS	<input type="checkbox"/>	<input type="checkbox"/> Sexual Aggression/Predators
<input type="checkbox"/>	<input type="checkbox"/> Frequent Hospitalization (mental health)	<input type="checkbox"/>	<input type="checkbox"/> Sexually Acting Out
<input type="checkbox"/>	<input type="checkbox"/> Frequent Hospitalization (medically fragile)	<input type="checkbox"/>	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/>	<input type="checkbox"/> Gang Involvement - criminally active	<input type="checkbox"/>	<input type="checkbox"/> Self Mutilation
<input type="checkbox"/>	<input type="checkbox"/> Gay & Lesbian Youths	<input type="checkbox"/>	<input type="checkbox"/> Suicidal/Severely depressed
<input type="checkbox"/>	<input type="checkbox"/> Gender Identity Issues	<input type="checkbox"/>	<input type="checkbox"/> Young Children (6 and younger)
<input type="checkbox"/>	<input type="checkbox"/> Other (Please specify:_____)		

6. How many bed vacancies do you have today?

(Please total the vacancies if you have more than one facility).

Dependency bed vacancies _____ beds
602/Ward bed vacancies (Probation) _____ beds
AB2726/SED/Mental Health bed vacancies _____ beds

7. When you have a vacancy, how do you communicate that information to the County of San Bernardino?

- ☐ E-mail the Institutions & Group Home Coordinator (Shirley Chaney)
☐ Call the Institutions & Group Home Coordinator (Shirley Chaney)
☐ Call the agencies and placement workers
☐ Call the Central Placing Unit placing workers
☐ Other (Please specify:_____)

8. How quickly do vacancies get filled?

- ☐ Immediately (within 24 hours)
☐ 1 to 2 days
☐ 3 to 7 days
☐ More than a week

Expansion Questions

9. If the San Bernardino County moratorium on approving letters of support for expansion was lifted, would you like to expand inside of San Bernardino County?

☐ Yes ⇒ **If Yes**, please answer following **Questions 9(a) and 9(b)**

☐ No ⇒ **If No**, please go to **Question 9(b)**

- 9(a) Please choose **all that apply** from following options a. to c.

a. ☐ Increase capacity of beds
How many new beds? _____

b. ☐ Expand Facility to
☐ Eastern Valley (San Bernardino to Yucaipa)
☐ Western Valley (Rialto to Upland)
☐ High Desert (Victorville to Barstow)
☐ Low Desert (Joshua Tree)

c. ☐ Add new populations
☐ Probation (602/Wards)
☐ Department of Children's Services (Dependency placements/300)
☐ Department of Behavioral Health – seriously emotionally disturbed children (SED)
☐ Other (Please specify: _____)

- 9(b) Do you plan to expand outside of San Bernardino County?

☐ Yes

☐ No

Service Questions

10. What types of children do you currently **not** accept? _____

11. What is the average length of your program? _____ Months

12. What is your response when a placing worker says the child is to be placed for less than the length of your program?

☐ Accept the child anyway

☐ Refuse the placement

☐ Refuse to accept placements from agencies that limit time frames for placement

☐ Not applicable

13. Do you take children who are on psychotropic drugs?

☐ Yes ⇒ **If Yes**, do you have a child psychiatrist on staff? ☐ Yes ☐ No

☐ No

13 (a) **If No**, how do you obtain psychiatric services? _____

14. What types of family reunification services do you/will you offer to the child's parent(s) and how do you promote these services?

15. What type of school do your children attend?

☐ Public school

☐ Non-public school

☐ Other (please explain:)

16. Do you have discharge planning for planned releases?

☐ Yes

☐ No

17. Do you have discharge planning for emergency releases?

☐ Yes

☐ No

18. Do you provide Independent Living Skills or emancipation services to 16 – 19 year olds?

☐ Yes

☐ No

19. Do you provide age appropriate daily living skills activities for children ages 6-15?

☐ Yes, please describe:

☐ No

20. Do you keep outcome data on the children/youths in your program on their recidivism rates, and/or permanency rates once the child returns home?

☐ Yes ⇒ **If Yes**, would you willing to share? ☐ Yes

☐ No

21. How many following incidents did you have in the last 3 months (Nov. 2005 to January 2006)?

Restraints	_____	Times
Personal Rights Violation	_____	Times
Accident	_____	Times
Fighting (among minors)	_____	Times
Child ran away	_____	Times
Staff and Child Altercation	_____	Times
Alcohol or Other Drugs	_____	Times
Child Abuse Allegation	_____	Times
School Related Incident	_____	Times
Sexual Related Incident	_____	Times
Suicidal Related Incident	_____	Times
Medical treatment needed	_____	Times
Other: Please specify(_____)	_____	Times
	(_____)	Times
	(_____)	Times
	(_____)	Times

22. How many times in the last 3 months did you request the placing San Bernardino County agency to remove a child from your facility?
 _____ Times

22(a) Of the removal requests, how many times did you provided 7 days notice?
 _____ Times

23. Do you keep records about neighbors' complaints about group home residents?
☐ Yes
☐ No
☐ Not Applicable (no close neighbors)

24. How many substantiated CCL complaints have you had in the last 3 months? (Please total the complaints if you have more than one facility).
☐ None ☐ Three
☐ One ☐ Four
☐ Two ☐ Five or more

25. How many times have you had to ask police to respond to your facility due to minors' running away in the last 3 months? (If you have more than one facility please total your response).
☐ None ☐ Three
☐ One ☐ Four
☐ Two ☐ Five or more

26. How many times have you had to ask police to respond to your facility for other than the runaway incidents in the last 3 months? (If you have more than one facility please total your response).
☐ None ☐ Three
☐ One ☐ Four
☐ Two ☐ Five or more

27. How many times have you had to ask the fire department or paramedics to respond to your facility for other than the runaway incidents in the last 3 months? (If you have more than one facility please total your response).

- | | |
|-------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Three |
| <input type="checkbox"/> One | <input type="checkbox"/> Four |
| <input type="checkbox"/> Two | <input type="checkbox"/> Five or more |

28. Do you send every incident report on the San Bernardino County supervised children to our Institutions & Group Home Coordinator (Shirley Chaney)?

- ☐ Yes
- ☐ No → If no, to whom do you send the incident reports?

29. Do you find some CCL licensing regulations to be a barrier to provision of quality care?

- ☐ Yes (which regulations?): _____
- ☐ No _____

30. Do you find the RCL payment structure to be a barrier to provide quality care?

- ☐ Yes (which regulations?): _____
- ☐ No _____

31. What current problems or concerns do you have regarding accepting County of San Bernardino Placements?"

32. Do you have any training needs?

- ☐ Yes, please describe: _____
- _____
- ☐ No _____

33. How does your facility manage a crisis concerning a child?

Relationship with County of San Bernardino

34. Would you be willing to accept different types of children placements if you received Medi-Cal/Early Periodic Screening Diagnostic Treatment (EPSDT) funding for allowable services for eligible children (as approved by Department of Behavioral Health) above the AFDC-FC rate?

- ☐ Yes (Please specify: _____)
- ☐ No

35. Would you be interested in applying for Therapeutic Behavior Services (TBS) for eligible children through the County Department of Behavioral Health?

- ☐ Yes, specify: _____
☐ No

36. Would you be interested in responding to a future RFP (request for proposal) to create a RCL 12 or higher group home with a treatment program for transitional youths age 16 to 19 to help them transition from foster care to adult programs?

*The program would accept or treat the following 1) moderate to severe emotional/behavioral problems, 2) developmental or socialization delays, 3) other debilitating disorders (e.g., diabetes).

- ☐ Yes
☐ No

37. What type of support services would you like to receive from the County of San Bernardino?

Please check all that apply from the following list.

- | | |
|--|--|
| <input type="checkbox"/> Training by County | <input type="checkbox"/> Updates on Policy Change |
| <input type="checkbox"/> Mental Health Funding | <input type="checkbox"/> Frequent Communication |
| <input type="checkbox"/> Wrap Around | <input type="checkbox"/> Information on the Child at placement |
| <input type="checkbox"/> Other, please specify (_____) | |

If you have any other suggestions, please provide your comments to improve our service.

38. Do you have any concerns about your working relationship with the County of San Bernardino's agencies/staff?

- ☐ Yes
☐ No

If Yes, please explain why:

39. What has been your experience with following San Bernardino County workers?

If you do not have any contacts with them please mark **No Experience**. Otherwise, please provide your comments about our services.

(a) Department of Children's Services Social Workers ⇒ ☐ No Experience

(b) Department of Children's Services Central Placing Unit workers ⇒ ☐ No Experience

(c) Institutions & Group Home Coordinator (Shirley Chaney) ⇒ ☐ No Experience

(d) Department of Behavioral Health Social Workers ⇒ ☐ No Experience

(e) Probation Officers ⇒ ☐ No Experience

40. What one thing could San Bernardino County do that would improve communication?

41. Do you receive enough information about the child at the time of placement?

☐ Yes
☐ No, specify: _____

42. What is the most rewarding aspect about working with the County of San Bernardino?

43. What is the most negative aspect about working with the County of San Bernardino?

44. Are there any other comments you wish to make that were not addressed in this survey?

Thank you for filling out this survey.
Please mail the survey in the enclosed pre-paid self addressed envelope provided or
Fax to 909-388-0182, Attn: Shinko Kimura

Appendix B. Group Home Provider Survey (Riverside County)

1. Do you accept County of San Bernardino placements?

☐ Yes

☐ No ⇒ Please go to **Question 1(a)**

1(a) **If No**, would you be willing to accept County of San Bernardino placements?

☐ Yes

☐ No (If no, why not?) _____

2. What type of placements do you take? (Please check all that apply.)

☐ Probation (602/Wards)

☐ Department of Children's Services (dependency placements)

☐ Department of Behavioral Health – seriously emotionally disturbed children (SED)

☐ Private placements

☐ Inland Regional Center

3. What services do you currently provide?

☐ Mental Health Services

☐ Case management

☐ Medication Services

☐ Intensive Day Treatment

☐ Other (Please specify: _____)

☐ Other (Please specify: _____)

☐ Non-Public School

☐ TBS

☐ Dual Diagnosis

☐ Crisis Intervention

4. What populations do you currently provide treatments for? (Please check **all** boxes that apply.)

☐ Attachment Disorder

☐ Assaultive / Homicidal

☐ Diabetic requires RN

☐ Children 18 and older

☐ Dual Diagnosis - Developmental

☐ Eating Disorders

☐ Emancipation Program

☐ Enuresis/Encopresis

☐ Female placements

☐ Fire-setters

☐ Frequent AWOLS

☐ Frequent Hospitalization (mental health)

☐ Frequent Hospitalization (medically fragile)

☐ Gang Involvement - criminally active

☐ Gay & Lesbian Youths

☐ Gender Identity Issues

☐ Other (Please specify: _____)

☐ History of property destruction

☐ IEP (Individualized Education Plan) issues

☐ Medically Fragile Infants

☐ Multiple Failed Placements

☐ Non-ambulatory

☐ Pregnant/Parenting Teens

☐ Psychotic

☐ Requires intensive psychiatric management

☐ Sibling placements

☐ Severe Behavioral Problems/Conduct disorders

☐ Sexual Aggression/Predators

☐ Sexually Acting Out

☐ Substance Abuse

☐ Self Mutilation

☐ Suicidal/Severely depressed

☐ Young Children (6 and younger)

5. How many bed vacancies do you have today?

(Please total the vacancies if you have more than one facility.)

Dependency bed vacancies _____ beds

602/Ward bed vacancies (Probation) _____ beds

6. When you have a vacancy, how do you communicate that information to the County of San Bernardino?

- ☐ E-mail the Institutions & Group Home Coordinator (Shirley Chaney)
- ☐ Call the Institutions & Group Home Coordinator (Shirley Chaney)
- ☐ Call the agencies and placement workers
- ☐ Call the Central Placing Unit placing workers
- ☐ Other (Please specify: _____)

7. How quickly do vacancies get filled?

- ☐ Immediately (within 24 hours)
- ☐ 1 to 2 days
- ☐ 3 to 7 days
- ☐ More than a week

Expansion Questions

8. If the San Bernardino County moratorium on approving letters of support for expansion was lifted, would you like to expand into San Bernardino County?

- ☐ Yes ⇒ **If Yes**, please answer following **Questions 8(a) and 8(b)**
- ☐ No ⇒ **If No**, please go to **Question 8 (b)**

8(a) Please choose **all that apply** from following options a. to c.

- a. ☐ Increase capacity of beds
How many new beds? _____
- b. ☐ Expand Facility to
 - ☐ Eastern Valley (San Bernardino to Yucaipa)
 - ☐ Western Valley (Rialto to Upland)
 - ☐ High Desert (Victorville to Barstow)
 - ☐ Low Desert (Joshua Tree)
- c. ☐ Add new populations
 - ☐ Probation (602/Wards)
 - ☐ Department of Children's Services (Dependency placements/300)
 - ☐ Department of Behavioral Health – seriously emotionally disturbed children (SED)
 - ☐ Other (Please specify: _____)

8(b) Do you plan to expand outside of San Bernardino County?

- ☐ Yes
- ☐ No

Service Questions

9. What types of children do you currently **not** accept? _____

10. What is the average length of your program? _____Months

11. What is your response when a placing worker says the child is to be placed for less then the length of your program?
- ☐ Accept the child anyway
 - ☐ Refuse the placement
 - ☐ Refuse to accept placements from agencies that limit time frames for placement
 - ☐ Not applicable
12. Do you take children who are on psychotropic drugs?
- ☐ Yes ⇒ **If Yes**, do you have a child psychiatrist on staff? ☐ Yes ☐ No
- ☐ No
- 12 (a) **If No**, how do you obtain psychiatric services? _____
13. What types of family reunification services do you/will you offer to the child's parent(s) and how do you promote these services?
- _____
- _____
14. What type of school do your children attend?
- ☐ Public school
 - ☐ Non-public school
 - ☐ Other (please explain:) _____
15. Do you have discharge planning for planned releases?
- ☐ Yes
 - ☐ No
16. Do you have discharge planning for emergency releases?
- ☐ Yes
 - ☐ No
17. Do you provide Independent Living Skills or emancipation services to 16 – 19 year olds?
- ☐ Yes
 - ☐ No
18. Do you provide age appropriate daily living skills activities for children ages 6-15?
- ☐ Yes, please describe: _____
- _____
- ☐ No
19. Do you keep outcome data on the children/youths in your program on their recidivism rates, and/or permanency rates once the child returns home?
- ☐ Yes ⇒ **If Yes**, would you willing to share? ☐ Yes
- ☐ No

20. How many times in the last 3 months did you request the placing San Bernardino County agency to remove a child from your facility?

_____ Times

20(a) Of the removal requests, how many times did you provided 7 days notice?

_____ Times

21. Do you send every incident report on the San Bernardino County supervised children to our Institutions & Group Home Coordinator (Shirley Chaney)?

☐ Yes

☐ No → If no, to whom do you send the incident reports?

22. Do you find some CCL licensing regulations to be a barrier to provision of quality care?

☐ Yes (which regulations): _____

☐ No _____

23. Do you find RCL payment structure to be a barrier to providing quality care?

☐ Yes (which regulations): _____

☐ No _____

24. What current problems or concerns do you have regarding accepting County of San Bernardino Placements?"

25. Do you have any training needs?

☐ Yes, please describe: _____

☐ No _____

26. How does your facility manage a crisis concerning a child?

Relationship with County of San Bernardino

27. Would you be willing to accept different types of children placements if you received Medi-Cal/Early Periodic Screening Diagnostic Treatment (EPSDT) funding for allowable services for eligible children (as approved by DBH) above the AFDC-FC rate?

☐ Yes (Please specify: _____)

☐ No

28. Would you be interested in applying for Therapeutic Behavior Services (TBS) for eligible children through the County Department of Behavioral Health?

- ☐ Yes, specify: _____
☐ No

29. Would you be interested in responding to a future RFP (request for proposal) to create a RCL 12 or higher group home with a treatment program for transitional youths age 16 to 19 to help them transition from foster care to adult programs?

*The program would accept or treat the following 1) moderate to severe emotional/behavioral problems, 2) developmental or socialization delays, 3) other debilitating disorders (i.e., diabetes).

- ☐ Yes
☐ No

30. What type of support services would you like to receive from the County of San Bernardino?

Please check all that apply from the following list.

- | | |
|--|---|
| <input type="checkbox"/> Training by County | <input type="checkbox"/> Regulation/Policy Change |
| <input type="checkbox"/> Mental Health Funding | <input type="checkbox"/> Frequent Communication |
| <input type="checkbox"/> Wrap Around | <input type="checkbox"/> Child Information |
| <input type="checkbox"/> Other, please specify (_____) | |

If you have any other suggestion, please provide your voice to improve our service.

31. Do you have any concerns about your working relationship with the County of San Bernardino's agencies/staffs?

- ☐ Yes
☐ No

If yes, please explain why:

32. What has been your experience with following San Bernardino County workers?

If you do not have any contacts with them please mark **No Experience**. Otherwise, please provide your comments about our services.

(a) Department of Children's Services Social Workers ⇒ ☐ No Experience

(b) Department of Children's Services Central Placing Unit workers ⇒ ☐ No Experience

(c) Institutions & Group Home Coordinator (Shirley Chaney) ⇒ ☐ No Experience

(d) Department of Behavioral Health Social Workers ⇒ ☐ No Experience

(e) Probation Officers ⇒ ☐ No Experience

33. What one thing could San Bernardino County do that would improve Communication?

34. Do you receive enough information about the child at the time of placement?

☐ Yes

☐ No, specify: _____

35. What is the most rewarding aspect about working with the County of San Bernardino?

36. What is the most negative aspect about working with the County of San Bernardino?

37. Are there any other comments you wish to make that were not addressed in this survey?

Thank you for filling out this survey.
**Please mail the survey in the enclosed pre-paid self addressed envelope provided or
Fax to 909-388-0182, Attn: Shinko Kimura**

Appendix C. Focus Group Questions

Questions for DCS Social Workers and Supervisors & CPU Staff

Question 1. What types of group homes are lacking in San Bernardino County?

Question 2. (This question was asked to only CPU staff)

What are some methods used to find available beds in group homes?

Question 3. (This question was asked to Desert, Rancho Cucamonga, and San Bernardino Regions only)

What methods are used to find group homes if they are not available in San Bernardino County?

Question 4. (This question was asked to Desert, Rancho Cucamonga, and San Bernardino Regions only)

If Wraparound and Family to Family are implemented countywide, what will be the impact on social workers?

Question 5. If Wraparound and Family-to-Family are implemented countywide, what will be the impact on children?

Question 6. What should group homes offer the children you place?

Question 7. What are some reasons children stay in group homes longer than planned?

Question 8. What are some reasons group homes do not maintain a child's placement?

Questions for Probation Officers and Supervisors

Question 1. What types of group homes are lacking in San Bernardino County?

Question 2. In your opinion, how could Vision Quest improve their services?

Question 3. In what ways has Vision Quest influenced finding group home placements?

Question 4. What methods are used to find group homes if they are not available in San Bernardino County?

Question 5. Since Probation has a time limitation for placements, what happens to minors who need more time in placement?

Question 6. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on Probation staff?

Question 7. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on children?

Question 8. What should group homes offer the children you place?

Questions for DBH Social Workers and Supervisors & CPU Staff

Question 1. What types of group homes are lacking in San Bernardino County?

Question 2. What methods are used to find group homes if they are not available in San Bernardino County?

Question 3. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on social workers?

Question 4. If Wrap Around and Family-to-Family are implemented countywide, what will be the impact on children?

Question 5. What should group homes offer the children you place?

Questions for Children's Network Policy Council

Question 1. Within the next 3 years, how do you see your agency working with group homes?

Question 2. What is the most challenging thing for your agency/department surrounding group home placement?

Question 3. Do you foresee any departmental policies, or regulation/law changes that affect your department?

Question 4. Assuming we divert more children from group homes through Wraparound. What do you see as the role of the group homes within the next 5 to 10 years?

Question 5. What types of support services could the County of San Bernardino provide to group home providers in order to improve the County of San Bernardino's Foster Care services?

Questions for Juvenile Court

Question 1. What are the positives about placing children in Group Homes?

Question 2. What are the negatives about placing children in Group Homes?

Question 3. What is a group home's role in educating children?

Question 4. What are the issues concerning psychotropic medications of children within Group Homes?

Question 5. Do you have any suggestions for improving Group Homes in San Bernardino County?

Questions for IPC

Question 1. Are there any ideas to improve IPC?

Question 2. How can group homes improve?

Question 3. What services are needs in San Bernardino County?

Question 4. Why does DBH place children out of state?

Question 5. Are there any opinions or concerns regarding EPSDT issues?

Question 6. Has IPC seen a decrease in RCL 14 placements due to Wraparound or F2F?

Question 7. Group homes were conceptualized as a short-term facility (6 months), is that happening with RCL 14 homes?

Question 8. What are the issues surround RCL 14 group homes in San Bernardino County?

Question 9. What would they like to see?

Appendix D. Group Home Facility List

Supervisory District 1

LICENSING NO.	GROUP HOME AGENCY	FACILITY ADDRESS	CITY	ZIP	RCL	BEDS
366412000	ALPHA CONNECTION	21398 PINE RIDGE	APPLE VALLEY	92307	12	6
366401649	ALPHA CONNECTION	22675 ANOKA DR.	APPLE VALLEY	92307	12	10
366402331	ALPHA CONNECTION	20048 SHOSHONEE PL.	APPLE VALLEY	92307	12	6
366403207	ALPHA CONNECTION	12915 CHIEF JOSEPH RD.	APPLE VALLEY	92308	12	6
336409000	CLEAR VIEW TREATMENT CENTER	14371 CROW RD.	APPLE VALLEY	92307	11	6
366407263	CLEAR VIEW TREATMENT CENTER	14278 TAWYA RD	APPLE VALLEY	92307	11	6
336409000	CLEAR VIEW TREATMENT CENTER	18014 MONDAMON	APPLE VALLEY	92307	11	6
366408686	LODGE MAKERS OF CA/FRED D JONES YOUTH CTR	16955 LEMON ST.	HESPERIA	92340	12	96
366408562	MIRORA ENTERPRISES - MIRORA GROUP HOME	16560 BOH LN.	VICTORVILLE	92394	10	6
366400610	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	15469 LARCH ST	HESPERIA	92345	12	6
366408000	SOJOURNERS HAVEN GROUP HOME/EBENE FEMME	14605 GRAHAM AVE.	VICTORVILLE	92392	11	6
366407869	STARSHINE TREATMENT CENTER/EMANCIPATION	13907 HORSETRAIL LN.	VICTORVILLE	92392	10	6
366403935	SYMPHONY HOUSE, INC.-AGAPE GH OF VICTORVILLE	15659 FAIRBANKS ST.	VICTORVILLE	92392	10	6
366401747	TRINITY-CALIFORNIA RESIDENTIAL	10755 APPLE VALLEY RD.	APPLE VALLEY	92308	12	40

Supervisory District 2

LICENSING NO.	GROUP HOME AGENCY	FACILITY ADDRESS	CITY	ZIP	RCL	BEDS
366400636	BERHE GROUP HOME INC.	9034 CHANTRY AVE.	FONTANA	92335	11	6
366401123	CAMRY GH/LACHELLE & SELENA	10621 HOLLY	ALTA LOMA	91701	8	6
366405811	CASA DE AMELIA GROUP HOME	7750 VINEYARD AVE.	RANCHO CUCAMONGA	91730	RC	3
366401808	CASA DE AMELIA GROUP HOME	7650 JADEITE ST.	RANCHO CUCAMONGA	91730	RC	4
366407583	CLEAR VIEW TREATMENT CENTER	674 KNOLL	CRESTLINE	92325	11	6
366402369	CLEAR VIEW TREATMENT CENTER	424/428 VALLEY RD.	CRESTLINE	92325	11	6
360900339	ETTIE LEE HOMES, INC.	7637 CITRUS ST.	FONTANA	92335	12	10
360900703	ETTIE LEE HOMES, INC.	13942 JURUPA	FONTANA	92335	12	12
366402086	FIELDS GROUP HOME - FIELDS COMPREHENSIVE	7062 NAPA	RANCHO CUCAMONGA	91701	10	6
366407025	FIELDS GROUP HOME - FIELDS COMPREHENSIVE	1214 EDDINGTON ST.	UPLAND	91786	10	6
366401507	FIRST CHURCH/NAZARENE-CHILDREN'S HOPE	1843 N 2ND ST.	UPLAND	91784	8	6
366407024	KNOTTS GROUP HOME	9925 BRIARWOOD AVE.	FONTANA	92335	11	5
366405647	TENDER LOVING CARE HFB - CORINTHIANS HH	11519 CARLISLE PL.	RANCHO CUCAMONGA	91730	10	6
366407775	TENDER LOVING CARE HFB - CORINTHIANS HH	7839 PATRIOT PL.	RANCHO CUCAMONGA	91730	10	6

*RC = Regional Center

Supervisory District 3

LICENSING NO.	GROUP HOME AGENCY	FACILITY ADDRESS	CITY	ZIP	RCL	BEDS
366407871	ACTIVE COMMUNITY TREATMENT SYSTEM (ACTS)	2258 MENTONE BLVD.	MENTONE	92359	12	16
366410905	ASHE, INC. - AIMING HIGH TREATMENT CNTR	2145 NICE AVE.	MENTONE	92359	12	6
366402773	ASHE, INC. - AIMING HIGH TREATMENT CNTR	34201 FIFTH PL.	YUCAIPA	92399	12	6
366405639	BERHE GROUP HOME INC.	5994 MCKINLEY AVE.	SAN BERNARDINO	92404	11	6
366402696	CLARDY'S NEW DIRECTIONS	3595 BROADMOOR ST.	SAN BERNARDINO	92404	10	6
366400524	CLARDY'S NEW DIRECTIONS	1455 E ORCHID ST.	SAN BERNARDINO	92404	10	6
360906517	EAST VALLEY CHARLEE AKA CHILDCARE SVC	10373 COUNTRY LN.	YUCAIPA	92399	12	6
360906534	EAST VALLEY CHARLEE AKA CHILDCARE SVC	12820 GRANT ST.	YUCAIPA	92399	12	6
360906507	EAST VALLEY CHARLEE AKA CHILDCARE SVC	35895 SANTA MARIA ST.	YUCAIPA	92399	12	6
360900845	ETTIE LEE HOMES, INC.	28721 LIVEOAK CANYON	REDLANDS	92373	12	12
360908173	INLAND EMPIRE RESIDENTIAL CENTERS INC.	940 STILLMAN AVE.	REDLANDS	92374	11	14
360908389	INLAND EMPIRE RESIDENTIAL CENTERS INC.	710 CHURCH ST.	REDLANDS	92374	11	14
366401503	KNOTTS GROUP HOME	3596 STODDARD AVE.	SAN BERNARDINO	92405	11	6
366402550	P.H.I.L.O.S. ADOLESCENT TREATMNT CTR, INC.	5999 EUCALYPTUS DR.	HIGHLAND	92346	10	6
360911165	RAC TOUTH CENTER-1	3223 N MAYFIELD AVE.	SAN BERNARDINO	92404	12	6
360910263	RAC TOUTH CENTER-2	2130 E WESTWOOD ST.	COLTON	92324	12	6
366403144	RIVERSTONES RESIDENTIAL SERVICES, INC.	6452 CEDAR AVE.	ANGELUS OAKS	92305	11	6
366405825	RIVERSTONES RESIDENTIAL SERVICES, INC.	26967 BEAUMONT AVE.	REDLANDS	92373	11	6
366406313	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	1329 CHRYSOLITE	MENTONE	92359	12	6
360908450	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	1387 JASPER AVE.	MENTONE	92359	12	16
360911541	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	9355 N OPAL AVE.	MENTONE	92359	12	6
366402762	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	1157 JUDSON	REDLANDS	92374	12	8
366401117	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	2554 SHADY GLEN LN.	SAN BERNARDINO	92408	12	6
366402337	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	10013 COUNTRY LN.	YUCAIPA	92399	14	6
366403422	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	12798 DOUGLAS ST.	YUCAIPA	92399	12	6
366401480	SILVER LAKE ENT./LA HACIENDA/APPLE VAL	35858 WILDWOOD CANYON RD.	YUCAIPA	92399	12	6
366407225	SILVERLAKE YOUTH SERVICES	27176 COLE PL.	HIGHLAND	92346	14	6
366401969	SILVERLAKE YOUTH SERVICES	11818 PEACH TREE CIR.	YUCAIPA	92399	14	6
360909148	STARSHINE TREATMENT CENTER/EMANCIPATION	1584 BUCKEYE ST.	HIGHLAND	92346	10	6
360910260	STARSHINE TREATMENT CENTER/EMANCIPATION	731 E 40TH ST.	SAN BERNARDINO	92404	10	6
360910261	STARSHINE TREATMENT CENTER/EMANCIPATION	2965 GARDEN DR.	SAN BERNARDINO	92404	10	6
366402532	STARSHINE TREATMENT CENTER/EMANCIPATION	1004 E LYNWOOD DR.	SAN BERNARDINO	92404	10	6
360900416	TRINITY-CALIFORNIA RESIDENTIAL	10776 FREMONT	YUCAIPA	92399	12	66
336407013	T-TOWN	34712 COUNTYLINE RD.	YUCAIPA	92399	12	6
366402715	VICTOR TREATMENT CENTERS	2715 MUSCUPABE DR.	SAN BERNARDINO	92407	14	6

Supervisory District 4

LICENSING NO.	GROUP HOME AGENCY	FACILITY ADDRESS	CITY	ZIP	RCL	BEDS
360900095	BOYS REPUBLIC	3493 GRAND AVE.	CHINO HILLS	91709	5	148
366400037	BOYS REPUBLIC	3493 GRAND AVE.	CHINO HILLS	91709	4	14
360900096	BOYS REPUBLIC PLACEMENT ASESMENT CTR	3494 GRAND AVE.	CHINO HILLS	91709	12	20
366406712	DOWNS & MARTIN CHILDREN SERVICES	2829 CEDAR RIDGE PL.	ONTARIO	91762	10	6
360910374	HILLVIEW ACRES	3683 CHINO AVE.	CHINO	91710	12	36
360908565	LUVLEE'S RESIDENTIAL - TRO-RA	4340 WILSON ST.	CHINO	91710	11	6
366403424	M&R TURNING POINT	3517 OLD ARCHIBALD RANCH RD.	ONTARIO	91761	10	6
360911286	SUMMERPLACE INC.	2027 DEODAR ST.	ONTARIO	91764	8	6
360911241	WEST COVINA GROUP HOME	4041 CARROLL CT.	CHINO	91710	11	6

Supervisory District 5

LICENSING NO.	GROUP HOME AGENCY	FACILITY ADDRESS	CITY	ZIP	RCL	BEDS
360908883	ACTIVE COMMUNITY TREATMENT SYSTEM (ACTS)	18136 JURUPA AVE.	BLOOMINGTON	92316	12	28
360900272	ETTIE LEE HOMES, INC.	11282 SPRUCE	BLOOMINGTON	92316	12	9
366401514	INNOVATION TREATMENT CENTERS	19118 ASH ST.	BLOOMINGTON	92316	11	6
360910386	OUT REACH YOUTH CENTER II	1350 S YUCCA AVE.	BLOOMINGTON	92316	12	6
366402375	TERRA MANOR	11720 CRICKET DR.	BLOOMINGTON	92316	12	6
366401047	TURNING POINT DEVELOPMENT CENTER	19042 CAJON BLVD.	DEVORE	92407	10	26
360911223	BERHE GROUP HOME INC.	17187 HAWTHORNE AVE.	FONTANA	92335	11	6
366401709	BERHE GROUP HOME INC.	9836 MANGO LN.	FONTANA	92335	11	6
366401135	ACHIEVE RESIDENTIAL CENTER	5589 N RIVERSIDE AVE.	RIALTO	92376	10	6
360908930	ACTIVE COMMUNITY TREATMENT SYSTEM (ACTS)	955 S LILAC	RIALTO	92376	12	10
360911093	CAMRY GH/LACHELLE & SELENA	1179 N GLENWOOD AVE.	RIALTO	92376	8	6
360911232	CLARDY'S NEW DIRECTIONS	19354 CHAPARRAL	RIALTO	92376	10	6
360911242	HOME OF EXCELLENCE	2133 N CEDAR AVE.	RIALTO	92376	10	6
366400596	INNOVATION TREATMENT CENTERS	1050 E MESA	RIALTO	92376	11	6
360911101	INNOVATION TREATMENT CENTERS	150 E MORGAN ST.	RIALTO	92376	11	6
360910138	KNOTTS GROUP HOME	1003 E JACKSON ST.	RIALTO	92376	11	6
366406000	KOA HOME	6028 KOA DR.	RIALTO	92377	RC	4
360911164	LARK GROUP HOME	165 E VIRGINIA ST.	RIALTO	92376	8	6
360911229	MAYWRIGHT GROUP HOME	1264 S LILAC AVE.	RIALTO	92376	10	6
366401000	MH & O Family Home, Inc/REG CTR	1465 W. WEDGEWOOD ST.	RIALTO	92376	RC	6
366401147	OUT REACH YOUTH CENTER II	1373 S IDYLLWILD ST.	RIALTO	92376	12	6
360911251	P.H.I.L.O.S. ADOLESCENT TREATMNT CTR, INC.	454 E CERRITOS	RIALTO	92376	10	6
366401000	SMALL STEPS GROUP HOME	648 E GLEN OAKS ST.	RIALTO	92376	RC	4
366403000	WESTLEY YOUTH CENTER	730 S. BELDEN ST.	RIALTO	92377	RC	4
366403887	ASHE, INC. - AIMING HIGH TREATMENT CNTR	715 S SUTTER AVE.	SAN BERNARDINO	92410	12	6
366401098	BERHE GROUP HOME INC.	1604 PENNSYLVANIA ST.	SAN BERNARDINO	92411	11	6
366400047	MAXIE WRIGHT BOYS CENTER	1635 NO. CABERERA AVE.	SAN BERNARDINO	92411	9	6
366403846	MIRORA ENTERPRISES - MIRORA GROUP HOME	6574 MIRNA AVE.	SAN BERNARDINO	92407	10	6
366402068	TURNING POINT DEVELOPMENT CENTER	2531 PERIWINKLE	SAN BERNARDINO	92407	10	6
366403501	TURNING POINT DEVELOPMENT CENTER	5088 CITADEL AVE.	SAN BERNARDINO	92407	10	6
360911133	WRIGHT'S ADOLESCENT DEVELOPMENT CENTER INC.	274 S DALLAS AVE.	SAN BERNARDINO	92410	9	6

*RC = Regional Center